GAILLARD'S MEDICAL JOURNAL

AND

(*THE AMERICAN MEDICAL WEEKLY.*)

(CONSOLIDATED.)

Scientia et Veritas Sine Timore.

VOL. XXXVII. NEW YORK, MARCH, 1884. No. 3.

ORIGINAL ARTICLES.

ARTICLE I.—MEDICATION THROUGH SUPERFICIAL AND DEEP-SEATED TISSUES. By J. McF. GASTON, M.D., Atlanta, Georgia. (Lately of Campinos, Brazil.)

Those who look to facts for a reason of their faith are referred to the following illustrations of the action of medicines in the cure of diseases by local applications :

Simple water, either at the temperature of the surrounding atmosphere, or varying from it by greater heat or cold, has been brought into requisition in baths of various forms, which bring corresponding modifications of the true vital phenomena. The vapor, hot and cold water, with the shower bath, each influence in a separate manner the capillary and nervous ramifications of the surface, and their respective impressions are extended through the nerves to the whole frame, so that important alterations in the functions of different organs ensue from these various modes of operation. The internal uses of warm and cold water have their special properties, and in a recent elaborate address of Sir William Jenner occurs the following : " Patients suffering from typhoid fever should be allowed an unlimited supply of pure water. When pure water is freely absorbed it passes away by the kidneys, skin, lungs, etc., and is of much service as a depurative agent." The common practice of promoting daily evacuations by glysters of cold water, shows its salutary influence upon the tonicity of the large intestines by stimulating its muscular contractility.

The subcutaneous use of distilled water has been resorted to with apparent effect upon the nervous system, and if there be no deception in the influence of such applications, this proves the existence of a very delicate sensibility of the organization to the action of agents introduced by the hypodermic process. By this means of treatment, the therapeutic susceptibilities to the operation of medicines are most decidedly and efficiently met, and the marked results of subcutaneous injections depend upon the connection of the nerve fibrils and the capillaries with the ganglionic and spinal nerves

The notable effects observed from the application of cups, sinapisms, and

blisters upon the cutaneous surface, are due likewise to the sympathies established through this channel.

A dynamic element, that characterizes the mutual dependence of the superficial and deep-seated structures, is apparent from the fact that under some conditions of the organism the irritant fails to manifest its influence upon the tissues. Mustard or the cantharides may be applied to the surface for the ordinary period, under such a modification of vitality, without producing any sensible effect. Yet, when a change has been effected in the state of the general powers of the organization, normal susceptibility dates from this alteration. The natural sensibility is restored to the skin, and irritation, with the consequent inflammation, manifests itself in the parts where no effect was previously observed. It is highly important to ascertain upon what depends this difference in the ordinary capacities of the system to respond to the local application of irritants. A rigid examination of the nerve element implicated in this condition is required by those who would proceed upon philosophic principles for its relief. It is this supply of nervous energy that is lacking in that condition known as shock, which results from severe local or general injuries. There exists, under such circumstances, a partial paralysis of the excito-dynamic function of the nervous system, upon which the most essential requisites for life depend. The exercises of the intellectual faculties may be unimpaired, and yet, without any recognition on the part of the subject that the vital forces are seriously affected, the underlying deepseated injury to the nervous system is such as to endanger life. This grave result of concussion of the nerves should always be suspected after extensive lacerated wounds, and its existence is quite sufficient as a contra indication to any further tax upon the vital powers, so that a knowledge of this condition should prevent for the time being a resort to any surgical proceeding that might otherwise be indicated.

The transmission of cutaneous modifications to the internal organs becomes, in many cases, simply the expression or delivery of a dynamic influence that operates through the nerves, and we must attribute the cause to the conduction of medicinal elements in the course of the multitudinous currents setting out from the point of introduction. Morphine, carbolic acid, ergotine, etc., are applied hypodermically in various conditions, and instead of a local irritation, as might be anticipated from the topical application, there is a general influence upon the organism, corresponding to the special property of the agent employed.

So much has been written in regard to the hypodermic use of morphine, and its effects are so generally understood, that I need only to make a passing reference to its efficacy as a remedy and the danger of its habitual use. The large experience of the prompt influence of morphine by subcutaneous injection has led to great abuse of this narcotic by persons addicted to it. It would seem that the use of a syringe ought to be an obstacle to this pernicious habit, yet there has been a large increase in the number of those who are subject to its daily use since the general resort to the hypodermic application of morphine. The sad consequences of this vitiated indulgence, however much to be deprecated, still serve to illustrate the speedy and thorough effect of its hypodermic use.

Believing that systematic details of the results of hypodermic applications

may lead to very useful generalizations, I will contribute something from the observations made, hoping that others may be induced to present the fruits of their experience in this field of investigation.

The use of stimulants by the subcutaneous method has been attended with the best results in averting prostration in cases of syncope, or from great debility of a temporary nature, accompanied by inability to swallow. At the close of surgical operations, under the influence of anæsthesia, there is, at times, an urgent indication for a stimulant, and brandy may be introduced with the hypodermic syringe of large size in such quantity as the case may require, presenting a speedy manifestation of its effects upon the general circulation. In the same condition a weak solution of aqua ammoniæ or the carbonate of ammonia may be used subcutaneously, and produce its effect very promptly in correcting the tendency to sinking of the vital powers.

The pervading and thorough propagation of the peculiar effect of medicine on the general system, by subcutaneous use, is not shown more clearly in the application of any class of medicinal agents, than by the results of the hypodermic injection of the preparations of quinine. In cases that have not yielded to the administration of this remedy by the mouth, or in which, by frequent recurrence of the disease and hence the long-continued use of the medicine, the system has become so completely habituated to its influence as to fail in its corrective effects by internal use, the resort to hypodermic injection has been efficient in resisting intermittents. It has generally answered the purpose to inject five grains of quinine on each of two successive days, one application made in the inner part of the arms and the other in the thighs, where the tissues favor the introduction and absorption.

While the indications for the hypodermic use of the preparations of quinine are recognized by all, there is still a sort of prejudice against its application from the alleged tendency of the subcutaneous injection of the sulphate of quinine to induce abscesses in the parts where it is introduced, I am inclined to attribute the untoward results that are complained of by some practitioners to the excess of sulphuric acid in the solution used in their injections. In such cases as I have used the sulphate of quinine, with the addition of only so much sulphuric acid as is requisite for its solution in the distilled water, nothing more than an ecchymoid spot has followed the injection. But I have usually employed the bisulphate of quinine, which readily dissolves in simple distilled water; and this injection has been attended with the happiest effects in securing the proper effect of the medicine without any local trouble. I would, therefore, suggest the application of this preparation in place of the acidulated solution of the sulphate, as my observation of the therapeutic effect of this subcutaneous injection warrants my confidence. The hypodermic use of carbolic acid has been resorted to in a variety of cases, and I have been much encouraged to continue this application for local and general effects. The utility of the local injections in the tissues has been verified in the case of goitre, buboes and hæmorrhoids, and I have reason to think that the injection of carbolic acid into other indurated tissues may be crowned with success. The highly salutary influence of the subcutaneous use of this agent in erysipelas prompts me to urge

the great importance of resorting generally to this mode of cure. The invariable good results that have attended its application in my hands seem to recommend it as a safe and efficacious remedy in erysipelas. In the cases of circumscribed patches, the injections have been made in one or two points, according to the extent of the reddening and thickening of the skin; and the local inflammation has in every instance been controlled without recourse to general measures of treatment. In other cases of a generally diffused discoloration, I have used the carbolic acid injection accompanied with internal remedies, so that an element of doubt enters as to what brought about the salutary result. One of the cases of erysipelas that involved important parts, and a considerable extent of surface, was associated with puerperal fever.

She was using internal remedies for puerperal fever when the erysipelas appeared, and the adynamic condition was a prominent element in the case at this juncture. In those parts where the erysipelas seemed to be most developed, subcutaneous injections of carbolic acid were made repeatedly, and it was relieved locally by these applications; yet it manifested a tendency to extend itself to other portions of the skin. Being effectively checked in these new seats in the adjoining surface with the carbolic acid injections, it eventually yielded entirely after the expiration of a week from its first appearance. In the meantime she took internally the muriated tincture of iron freely, and subsequently a decoction of cinchona with chlorate of potash, so that the favorable result must be viewed in connection with the internal medication. It was evident that the hypodermic use of the carbolic acid was salutary, and I consider it a most fortunate issue, in consideration of the circumstances that no phlegmonous inflammation was developed.

The formula employed in this class of cases is the following:

℞ Fluid carbolic acid.....	20	drops
Glycerine.....	2	drachms
Distilled water.....	6	"

Mix and inject one or two fillings of the hypodermic syringe in several points of the surface affected with erysipelas.

In the same category of therapeutics may be considered medicated injections into the serous and mucous cavities, and into the excavations of abscesses.

But, before proceeding with this class of applications, it is proper to refer to the operation of medicinal agents introduced into the stomach by the natural process of deglutition or by artificial means.

From my standpoint for viewing the action of medicine in the case of diseases, the stomach must be viewed as any other receptacle for drugs, and given preference as a channel for administration of remedies only so far as it fulfills more completely the requisites for appropriating the active and curative principle of the agent employed.

That medication is effectively accomplished through the stomach results from the great facility with which its mucous surface absorbs the medicinal agent, and by thus being brought in contact with the network of capillaries and nerve fibrils that underlies this lining of the organ. As has been noted already, the action of medicine is through the capillaries upon the nerve fibrils, and thence

extended along the nervous trunks to the nerve centres, and by a reactionary property the influence is reflected upon this organization so as to meet the aims of medical treatment. With some articles the effect is not immediately manifested in the stomach, and the influence becomes apparent only after passing into the intestines, but in whatever portion of the alimentary canal the peculiar quality of the agent is exhibited it must be explained upon the same reciprocal relation between the several elements. It has been demonstrated by Bernard and others that the villi of the small intestines contain a peculiar set of lymphatics, which are engaged in the absorption of chyle, the lacteal system being a special arrangement for the absorption of fatty substances, and that other matters, such as albuminous compounds, pass for the most part into the veins and thence to the liver. In this special adaptation to its chyliferous functions the small intestine, like the stomach in the act of digestion, fulfills its normal rôle in health. But when from derangement of the animal economy it becomes requisite for these organs to receive an entirely different order of ingesta that have antagonisms with the ordinary performance of their functions, it should not surprise us that the operation of this antagonistic element should occur in a mode entirely diverse from the natural process of digestion and chylifaction. As the active medicinal agents do not undergo these modifying processes, they are, for the most part, absorbed directly from the stomach or the small intestines, and proceed to have their peculiar effects without reference to the normal exercises of their functions by those parts of the physical organization. It is an established fact, for instance, that the effect of a purgative, such as croton oil, may be induced without the medicine entering the alimentary canal, and hence the same as when absorbed from it directly.

The conditions presented in the mucous membranes of the larger intestines are quite different from those adverted to in regard to the stomach and small intestines. The matters which find their way into the colon from above do not as a rule contain elements that are useful in the animal economy, so that there are no special organs, such as the lacteals, to be found in the tract of the larger intestines. But as it is understood that medicine enters the system for the most part through the veins and capillaries, we are prepared to appreciate the utility of their introduction through the rectum into the cavity of the colon.

Alimentary and medicated injections into the large intestine are efficacious chiefly through the operation of the principle of endosmos and exosmos, suggested originally by Dutrochet for the interchange of fluids of different densities through a membranous partition. That absorption takes place to a limited extent in the ordinary mode by which fluids are taken up by mucous membranes is evident. The law of affinities undergoes in this instance a remarkable modification in not accepting the residual matter of digestion, nor the decomposed fluids resulting from derangements of this function, and yet appropriating from fluid injections their alimentary and medicinal portions.

Forced evacuations are not uncommon, after the introduction of alimentary injections through the rectum, without any part of the latter being returned with the stool. This is clearly a sort of election on the part of the mucous surface, by which the one is rejected and the other is appropriated when brought

together in the colon. Chicken water and beef tea, with decoction, of cinchona and muriatic acid, have been employed frequently as injections into the large intestine, and with the most satisfactory result, in being retained and in affording nutriment and medication to the debilitated patient, who could not receive them by the mouth.

If the alimentary and medicated fluid is carried above the contraction of the muscular fibres of the intestine which constitutes the division between the rectum and colon, there will be no immediate impulse for its expulsion; and such injections should be made with a long elastic tube, reaching above the sigmoid flexure of the colon, to secure the best results. There is a well-developed sphincter of the colon, which is not well defined in anatomical or physiological descriptions of this part, but which special attention and examination has demonstrated conclusively to me, and located immediately below the sigmoid flexure of the intestine. This seems ordinarily to retain the fæcal matters within the colon, and more especially when in a fluid state, as in cases of diarrhœa, so that they do not descend into the rectum until approaching the occasion for evacuation. It is only when the fæcal mass is impelled forcibly against this internal sphincter that there is a strong impulse for expulsion, and though it may pass it, and be detained temporarily in the rectum, its presence in this receptacle is calculated to give discomfort locally, and general disturbance, so that there should be as little delay as possible in ridding it of this nuisance.

While the long tube is indicated for injection into the colon, there are cases in which medication should be directed to the rectum with the ordinary short tube of the syringe. The sympathies of other adjacent organs are very intimate with this sensitive outlet of the alimentary canal, and in case of tenesmus there is direct relief by anodyne-glysters. In dysentery and other spasmodic irritations of the intestines, the painful griping is most effectually allayed by a starch and laudanum injection into the rectum. I have observed the curative influence of medicated injections into the rectum in such a variety of cases as to warrant the belief that much may be accomplished by this mode of treatment for the relief of constitutional troubles that have a local origin. It is well known that any symptoms of threatened abortion are more readily checked by an opium suppository or an essence of laudanum than by their administration per orem.

The use of belladonna in the same form is likewise attended with the happiest results in some painful uterine disturbances. I have had occasion to verify likewise the advantages of rectal injections of large doses of bromide of potash in the obstinate vomiting of pregnancy, the influence being perhaps upon the womb, and thence giving relief to the sympathetic derangement of the stomach. These references might be extended, but the facts noted suffice to illustrate the doctrine of transmission that I would inculcate.

The effects of medicated injections depend upon the contact of the fluid with reticulated tissues into which the capillaries and nerve fibrils are distributed, and hence the prompt results of such applications.

Some years ago it was claimed by Dr. Horace Green, of New York, that caverns of the pulmonary structure could be reached by tubes, and successfully injected with solutions of nitrate of silver. As such injections acted favorably

upon the walls of ordinary abscesses, he held that a similar good result attended their introduction into the cavities that involved the bronchial ramifications. Great incredulity prevailed in regard to the practicability of this operation of passing a tube into the cavity; and doubts have been entertained by many as to the advantages of bringing this solution into contact with the bronchial ramifications of the lungs. But, if we decide this upon the same kind of evidence that is accepted generally in clinical reports, it seems to me legitimate to conclude that strong solutions of nitrate of silver were injected through tubes into cavities resulting from abscess of the lungs, and that they were attended with good results locally and generally.

A case has been reported to me by an intelligent colleague, in which the upper part of the right lobe of the lung was penetrated by a knife, which passed downward and backward deeply into the pulmonary substance. This led to suppuration, and the cavity, being of considerable extent, was evacuated by a tube connected with the aspirator, and then washed out by injecting an alcoholized solution of carbolic acid. This process was repeated from day to day with a satisfactory result.

The pus gradually diminished, until eventually it ceased entirely, and the cavity was obliterated, leaving only a cicatrix in the pulmonary structure.

The result of this case, in which injections were used freely and repeatedly into a traumatic cavity in the lungs, favors the claim of Dr. Horace Green to have cured limited caverns of the lung by the use of injections of nitrate of silver through elastic tubes introduced by the trachea into the abscess.

The decision of this question does not involve in any manner the curability of tubercular consumption, as all know that a circumscribed abscess of the pulmonary tissue may occur without the development of tubercular disease.

The immediate action of an injection upon the walls of an abscess is enhanced by the vital tone imparted secondarily to the surrounding structure. A medicated injection may reach any part from which pus is discharged spontaneously, or may be drawn by the aspirator, and by appropriate treatment of such abscesses much may be accomplished in improving the condition of the adjacent diseased tissues.

In this connection may be mentioned two more cases of abscess resulting from urinary obstruction in the ureters. One was in the person of a male and the other in a female subject. The former occurred in the practice of a medical friend, who gave me free access to the case, and the latter was under my personal care. In the early stages each presented deep-seated fluctuations, which came gradually to the surface. Being explored first with the trocar, and afterwards opened with the bistoury, there appeared in each case a discharge of pus with admixture of urine. In the male case there was a very considerable destruction of tissues, and the urinary abscess occupied a large space in the left iliac and hypogastric regions, from which shreds of disorganized substance, mixed with pus and urine, were discharged for some weeks.

In the case of the female the cavity was not so extensive, and was confined to the hypogastric regions.

When this circumscribed abscess was first opened, about a quart of mingled

pus and urine was discharged, and subsequently there was no considerable accumulation, as the aperture was tented, and the collection of pus and urine escaped constantly. Both of these abscesses were treated with injections of diluted phenic acid immediately after evacuating the contents, and for some time they were repeated daily; but subsequently injections of a strong solution of the nitrate of silver were resorted to with salutary effects. The ravages caused by the urinary infiltration in the case of the man required some months for the restoration of the loss of substance, yet the process of reproduction was entirely satisfactory, and terminated in complete closure of the wound without even a fistulous opening. The extraordinary lesion of the ureter in this case was explained by the appearance of a small urinary calculus in the dressings, which had served as the cause of obstruction and ulceration of the ureter.

Nothing of this nature was discovered in the discharges from the abscess of the female, yet it might have escaped with the pus, when the abscess was opened, without attracting attention. Her case progressed most favorably throughout its course, and within one month there was simply a small discharge of urine from the wound, and, this ceasing gradually, the opening closed spontaneously without any further trouble.

The fortunate issue in these aggravated cases must be attributed mainly to the persistent use of the medicated injections, and I recommend this proceeding in similar cases, or in any instance of circumscribed abscess in the abdominal region. These antiseptic applications are not intended simply to cleanse the parts with which they come in contact, but exert a therapeutic influence upon the tissues.

The cavity of the nose, with its Schneiderian membrane, presents an extensive surface for the absorption of the medicine, either in solution or in the form of impalpable powder, and serves as a basis not only for local effects, but for general influence upon the system. It is through this channel that some individuals secure habitually the baleful constitutional narcotism of morphine, used in the same manner that so many are accustomed to employ the snuff of the tobacco.

The medical profession has encountered always a difficulty in passing fine light powders or medicated solutions into the deep nasal cavity, from the liability to pass more or less through the posterior nares in the air passages or into the pharynx. This source of embarrassment may be effectually obviated by causing the patient to blow a toy trumpet, or imitate the act of blowing up a fire, while the insufflation or injection is made into the nasal cavity. It will be observed that this act necessarily closes the posterior nares by the tight approximation of the pendulous soft palate; and it is upon this principle that the breath is made available for playing wind instruments, as otherwise the air would escape by the nose. This isolated fact cannot have escaped the attention of the most casual observer, yet I have not met with any special record of this important result in enabling us to block up hermetically the posterior nares by this valvular flap, so as to effectually prevent the escape of injections into the nasal cavities by this outlet into the throat. I have acted for a number of years upon this principle, and the simple appliance of a piece of elastic tube into which the

powder or fluid is introduced, with one end in the nose and the other end in the mouth of the patient, enables the operation to be executed most satisfactorily. As the individual must blow to cause the powder or fluid to pass into the nasal cavity, and by this very act closes the posterior opening of the nares, it will be seen that no part of the powder or fluid can reach the fauces.

It sometimes occurs that from carelessness the cavity of the nose becomes flyblown, and the maggots penetrate into the various spaces that exist between the turbinated bones, requiring then the flooding of the entire cavity, which is alone practicable when the posterior outlet is closed, and hence the practical importance to be attached to this physiological stoppage of the communication from the nose into the throat.

It is not requisite to enter into the details of my experiences with medicated injections in organic and other affections of the mucous membrane of the nose, yet I would especially advert to the general curative results of the application of medicinal agents within the nasal cavity, and counsel a more extended resort to this process. The surface in the cavity of an abscess being less susceptible to the action of the medicated injection than the mucous and serous membranes, the solution should be stronger than that of the injections into these tissues.

Independent of the applications referred to, the injections of various solutions have been used advantageously in the cavities of the womb, the pleura, the peritonæum, and even suggested for the pericardium.

Medicated injections into the womb have been condemned by some gynæcologists, from the alleged liability of the fluid to pass by the Fallopian tubes into the cavity of the peritoneum, and W. F. A., in criticizing the work "On the Usefulness of Washing out the Womb with Antiseptics in Puerperal Infection," by Joanny Rendu, M.D., in the *American Journal of the Medical Sciences*, remarks that "we have never allowed ourselves to throw any liquids into the cavity of the womb under any circumstances without feeling that we were risking the patient's life." This coming from a source entitled to such consideration, is calculated to mislead the overcautious, who would fail to accomplish a great good lest, peradventure, some harm might be done.

There is evidence that cannot be gainsaid to establish the fact of medicated injections having passed from the womb into the cavity of the peritoneum, as there is likewise at least of one instance in which an injection of a solution of acetate of lead into the vaginal canal being by some strange freak conveyed into the uterus, and thence through the Fallopian tube into the peritoneal cavity, from which death speedily ensued.

That accidents may mar the effect of the most judicious treatment is no ground for condemning the measure; and when the immense number of successful antiseptic and other applications within the womb is compared with the insignificant list of injections that have escaped into the peritoneum, it should rather encourage than discourage the practitioner in regard to the use of intra-uterine injections. The cases of untoward results are exceedingly rare and may be effectually obviated by prudent manipulations. When the outline of the womb is well defined, as in all cases after recent delivery, pressure may be made from without over each corner of the uterus, so as to obstruct the entrances into

the tube while the fluid is thrown into the uterine cavity. Yet this step can never be requisite if caution is observed against damming up the medicated solution by the closure of the neck of the womb around the tube of the syringe. This may be accomplished by employing an instrument with an escape tube, or, in lieu of this, by placing a piece of elastic drainage tube of large calibre in the neck of the womb alongside of the tube of the common uterine syringe. By either process the fluid finds a ready escape as fast as it enters the womb, and even if thrown with some force against the fundus of the womb, coming in contact with the entire interior surface, it will most certainly return to the dependent internal os and find an outlet through the open gate that is provided for its escape. The exceptional cases should not invalidate the overpowering testimony in favor of the judicious employment of the well-constructed uterine syringe. Those who have had long practice in the use of medicated solutions within the womb are convinced of their safety and of their efficiency, and should not be frightened by the scarecrows of those who have no experience in their application. The advantages of employing antiseptic applications within the cavity of the womb when its contents are undergoing a putrid decomposition, and thus threatening the life of the patient by the development of septicæmia, must warrant the risk of some possible but improbable accident.

In the contingency requiring a resort to such a measure the risk is less always on the side of applying the curative, than in incurring the consequences of putrid absorption, "and it is, we firmly believe, to antiseptic methods that we are to look with the best prospect of preventing suffering and of saving life."

A report in the *Lancet* of a clinical lecture by Dr. Robert Barnes corroborates so completely my view of the curative influence of antiseptic injections into the cavity of the womb, that the following extract is given as authoritative:

"Of late years a method, practised by Harvey, of washing out the uterine cavity when charged with noxious matter has come into vogue. The favorite agent at present in use is a solution of carbolic acid, and thus we get the twofold good of clearing the uterus of foul matter and of modifying the surface which produced it. But we may, I am persuaded, obtain a third good. We may, by throwing carbolic acid or, better still, iodine, or quinine, or sulphate of soda, into the uterus, chase the septic matters through the tissue and vessels by which it entered. We may thus, whilst cutting off further supply of poison to the system, do much to neutralize the action of that which had already entered."

If I could have had a clinical observation made to order it would not have been more entirely in keeping with the convictions of my experience than is this record of the conclusions reached by a prominent authority in this department.

I have under my care at present a case which illustrates most satisfactorily the great advantages of this local measure of treatment in septicæmia from the remnants left in the uterus of the partially-decomposed placenta. The patient aborted between the third and fourth month of pregnancy, attended with profuse hæmorrhage and retention of the placenta. The hæmorrhage being soon checked, though not entirely controlled, by ergot, the true state of things was not understood until some days subsequently, when rigors and fever, alternating

with profuse perspiration, caused me to realize that I had a case of septic intoxication. The discharges from the vagina were observed to be offensive, yet this was attributed previously to the decaying clots of blood that remained; and it was only upon a special digital examination that it was found to proceed from a portion of the placental mass that lay in contact with the os uteri.

It not being practicable to extract this with the hand alone, on account of the contracted condition of the neck of the womb, antiseptic injections were employed within the uterine cavity. With a view to prepare the organ for the use of an instrument to extract the mass of decomposing matter, and hoping that these means might excite the womb to expulsive contraction, a warm water solution of alcoholized phenic acid and tincture of iodine was thrown into the womb repeatedly during two days.

The favorable influence upon the septicæmic fever was apparent from the first application, and improvement continued with the subsequent repetitions of it. Perceiving that the placental mass still remained, and that occasional hæmorrhage continued while the os uteri was dilatable, I proceeded, in accordance with the advice of two consulting physicians who were present, to extract the remnant of the placenta with a long-handled calculus forceps.

It often turns out in our surgical experience that an instrument devised for one kind of operation may be used to advantage in a different sphere, and those engaged in this branch of practice will note the complete adaptation of this narrow-bladed stone forceps to the case in hand.

After completing the extraction, the uterine syringe was used with the antiseptic solution thrown up well into the cavity of the womb, and the repetition of these injections daily has been attended with entire relief of all the local trouble; while the effects of the blood poisoning are yielding gradually, but slowly, under the appropriate treatment.

The cavity of the bladder affords very frequently indications for the use of injections; and, while the conditions demand various measures of treatment, the applications are made for the most part to produce topical effects, and hence there is no special influence extending to the surrounding parts or to the general system that calls for a detailed notice.

Injections of iodine and other medicinal substances have been used generally for local effects in producing adhesions after drawing off the contents of a hydrocele, and the occasional introduction of medicated injections into the pleural and peritoneal cavities must be considered as yet amongst the problematical resources, while there is reason to expect satisfactory developments from the judicious use of proper medication through this channel.

In treating of dropsy of the gall bladder, Dr. J. Marion Sims inculcates a resort to injections into the distended sac after the fluid contents have been evacuated. He recommends the operator to "throw in a stream of carbolised warm water through a gum elastic catheter introduced to the deepest part of the cyst." The results of such injections must be similar to those used in abscesses, and the local and general influence of these applications corresponds in the main to that of the same class of agents when brought into contact with the different mucous surfaces. Yet there is a general pervading constitutional modification

corresponding to the quality of the medicinal element employed, and this transmitted influence is the effect which is of most consequence to be duly appreciated in all cases of medicated injections.

Independent of these applications of medicines for their extended operation upon the tissues and organs, there has been strongly urged upon my attention special injections into the isolated structure of parts affected with specific diseases. It is even claimed that scirrhus of characteristic type has yielded to the use of medicated injections into its substances, and this presents at least a rich field for experiment. It is also held that fibroid tumours of the womb have been radically cured by the injection of the active principle of ergot into their deep-seated structure. As a similar result is said to be obtained from the internal use of this remedy, it is not perhaps a local effect of such an injection, but an influence which is propagated through the general system that brings about the favorable result.

Enough has been attained by injections in the indurations of various tissues and the enlargements of glandular structures to warrant further use of such measures in similar cases; and being convinced that important results may be secured from the collected experience of medical men in all classes of medicated injections, I would here suggest that systematic reports of observations be published under the following heads:

1. Hypodermic injection of medicated fluids with a view to general effects.
2. Medicated injections into glandular structures for a special influence upon the tissues of the part.
3. The injection of medicated solutions into the substance of tumors to modify their constituents.
4. Medicated injections into serous cavities for their local and general effects.
5. Medicated injections into mucous cavities.
6. Medicated injections for the obliteration of cysts and abscesses.

ARTICLE II.—REMARKS ON PRECISION IN THE USE OF TOPICAL REMEDIES. By S. BREDLER, F.R.C.S., Surgeon to the Liverpool Royal Infirmary, England.

I gladly comply with the request made to me that I should deliver a lecture on the application of topical remedies, as a good deal of haziness pervades this subject, and as it is important that one should be able to give a reason for the faith that is in him, as to why a lotion in certain cases is preferable to an ointment; why cold is indicated in one case, heat in another; when electricity is likely to be of service, and in what form; why motion is likely to prove beneficial at one time, rest at another; and so forth. And in fulfilling this task I will, as far as possible, try to show how remedies may be used with precision, and avoid allusion to agents of merely fanciful value. New remedies not unfrequently suffer from overpraise; and we see the drug which was absurdly vaunted as a cure-all fall into an equally undeserved desuetude.

I shall only speak of remedies whose action is in a great measure known, and which may consequently be employed with some certainty as to the result, and shall treat in turn of the local use of caustics, cold, heat, lotions, ointments, and pressure. And first let me speak of caustics.

The caustic agents employed in surgery may be divided into alkaline, acid, and

special caustics, such as chlorides of zinc and bromine. Nitrate of silver, which, *par excellence*, is called "caustic," scarcely merits the name, as it only enters into superficial combination with the fluids of the tissues, forming an albuminate of silver, the liberated acid acting, as far as it goes, like the other acid caustics which have shortly to be considered.

The *alkaline* group, sufficiently represented by caustic potash, acts very vigorously, converting the destroyed tissues into a dark and glutinous pulp. They operate by absorbing water and uniting with the oxygen or acid of the tissues, all the time dissolving the nitrogenous substances, until they finally come to rest, when a condition of equilibrium or neutrality is attained. We consequently select alkaline caustics when we desire a deep and searching action, and therefore they are suitable for the removal of warts, cheloid and other similar flat growths, or for the formation of sloughs, as in carbuncle, etc. United with lime, caustic potash becomes more manageable, and is occasionally very serviceable in destroying a gland, infiltrated with the specific virus of syphilis, when, as sometimes happens, we cannot get a suppurating bubo to heal. With the same agent I have succeeded in completely rubbing away a flat epitheliomatous growth on a man's cheek, which had become evolved from a pre-existing cheloid formation. We should always have numerous bits of blotting-paper at hand when we employ caustic potash and lime, to wipe away the black treacle-like slough which is formed, and to see that we do not penetrate too deeply. At the end of the sitting, vinegar and water should be sponged over the part to arrest further action. Largely diluted with water, the caustic alkalies are useful in checking cutaneous irritation, and in the form of lotions and injections are usefully employed in the treatment of eczema and leucorrhœa, in both of which diseases the abnormal secretion is acid.

The mineral *acids* in a concentrated form are all caustic, but sulphuric and nitric acids are those most frequently selected. They penetrate less deeply and widely than the preceding group, and are therefore especially indicated where a rapid and superficial action is needed. They act by yielding up their oxygen to the tissues, which in its nascent condition burns the carbon and finally comes to rest as a neutral salt. The acid caustics are indicated in the treatment of such sores as soft chancres, or indeed whenever we wish to destroy the surface of a sore and inaugurate a fresh mode of action. In cases such as these, when we wish to limit the caustic action very accurately, the acid should be applied by means of a glass capillary tube, and after its operation is over, iodoform should be dusted over the sore. This constitutes the best treatment for the non-infecting form of syphilitic sore. In cases of sloughing ulcers or sloughing stumps, fuming nitric acid, freely applied under the chloroform, answers better than anything else in hastening the detachment of the slough and inducing healthy action. The acid caustics may be used locally in cases of cutaneous and veno-cutaneous nævus—in the former by tattooing, in the latter variety by subcutaneous injection with a fine syringe—but I have found carbolic acid a decidedly better agent. Diluted in the proportion of two to eight ounces to a bath, the acids act powerfully upon the cutaneous capillaries, and so are energetic in bracing up and stimulating a torpid skin. For the same reason they are useful in checking sweating ; sponging with Rimmel's vinegar and water being a con-

venient and pleasant mode of prescribing acid for this purpose. By virtue, too, of this principle of astringency, the acids, when diluted, are useful stimulants to indolent ulcers, or for arresting the bleeding from leech-bites, or for hardening the skin of tender feet—though for the latter purpose salt and water is a better agent; and, indeed, I should recommend those of you who contemplate an autumn walking tour to prepare for the tramp by soaking your feet in salt and water twenty minutes every day for a week before you start.

Chloride of zinc, introduced by Campbell de Morgan, is an efficient and valuable caustic. It acts, at the same time, as a disinfectant and deodorizer, and is especially indicated when we wish to destroy self-growth beyond the region which the knife can reach; hence its value after ablation of the breast for cancer, for it finds out and destroys numerous cells which have escaped the scalpel; and, as it arrests putrefaction for several days, it is a capital plan to inject a strong solution of chloride of zinc into deep sinuses, with or without bone at the bottom; for by this means we often succeed in destroying the living pyogenic membrane, and so put a stop to cell-proliferation. Caution is needed in employing this agent in operations about the mouth and throat, as, when swallowed, it acts as an irritant poison. In the proportion of from one to five grains of chloride of zinc to the ounce of water, we have a powerful astringent, and therefore a valuable remedy for gonorrhœa and allied disorders.

Bromine is a remarkable and powerful caustic; its action is not thoroughly understood, but it may be conjectured that it acts much in the same way as nascent oxygen, burning the tissues with which it comes in contact until it enters into chemical combination with them, and so comes to rest. Its action is long-continued and very painful, so that it is well to administer an anodyne prior to making an extensive application of the drug. Bromine should be mixed with spirits of wine, in the proportion of one part bromine to three parts spirits of wine. The admixture should be made slowly, and in the open air, as the fumes are very suffocating. It is principally used for destroying young cells, especially cancer-cells, when removal of the growth by the knife is necessarily partial or impossible. Applied by means of a glass brush to the os uteri in cases of uterine carcinoma, or to the tongue in the same disease, it is certainly of service in checking for a time the progress of the malady.

Iodine is an agent belonging to the same group, and possessing similar, but less powerful, caustic properties. It is, however, an excellent disinfectant, and, mixed in various proportions with water, is a valuable agent in cases of obstinate sinuses, sloughing sores, and freely suppurating cysts, which resist other treatment. I lately employed iodine and boracic acid in a series of cases in which there was sloughing, such as crushed and lacerated hands, and found both answered very well; but while the parts healed quite as quickly and inodorously with the boracic acid as with the iodine, there was far less pain with the former than with the latter remedy, and no weeping attendants as invariably happened when the dressings were made with iodine.

Cold may be employed in the form of ice, or *ice* poultices (made by mixing bits of ice with a linseed poultice), or evaporating lotions, or irrigation. Cold acts through the vaso-motor nerves upon the capillaries, constringing and even emptying them of blood, and this not merely in those capillaries immediately

in contact, but owing to the dispersion of the nervous filaments, even at a considerable distance, and thus renders the advent of congestion and inflammation physically difficult or even impossible. It should be used with some caution, as, if its action be kept up too long, it may destroy the vitality of a part, as happened lately in a case of femoral hernia, when, after operating, I applied ice with a view to prevent peritonitis; this it achieved, but produced a considerable slough of the integuments, which was a long time in healing over. The value of cold is typically seen in cases of sprain and of violent wrenchings of a joint. For example, after breaking down adhesions in cases of fibrous anchylosis, I know nothing so certain to obviate the tendency to synovitis as the immediate and continuous application of ice to the roughly-handled joint. In the same way, thin bandages, wrung out in cold water, kept cold, and applied with a fair amount of pressure, constitute the best of all treatments in cases of recent sprains and contusions. Besides causing contraction of the capillaries, cold, still acting through the trophic nerves, produces muscular contraction, to which property is due its efficacy in causing contraction of the relaxed parturient uterus; while its former property gives it value as a hæmostatic in cases of oozing from a stump or other parts after operation.

Nor should I omit to mention the value of ice as a topical remedy after operations in the region of the throat—*e. g.*, after excision of the tongue, the first twenty-four hours is a period of peculiar peril, from the tendency to inflammatory infiltration and consequent suffocation. This risk is in a great degree removed by directing the patient to constantly suck small lumps of ice. And while referring to its value in throat cases, I may mention that it is often of signal service in cases of idiopathic tonsillitis.

Heat is employed in the form of the cautery (actual and galvanic), and by poultices and fomentations. When we desire to combine a cutting with a cauterizing action we employ the galvanic cautery: when its cauterizing properties alone are needed, the actual cautery is selected; but there is no essential difference in the mode of action of the two. The use of the cautery may be briefly stated to be to arrest bleeding and to act as a counter-irritant. As an example of its use in the first case, I may mention its employment in excision of the entire tongue, and shall not consider it out of place to briefly describe the operation. Removal of the tongue was until lately one of the most bloody and fatal of operations; but owing chiefly to the introduction of the galvanic écraseur, it may now be practised with no loss of blood and with but small present risk to life. Nunneley simplified the old operation of Syme by substituting a cut through the floor of the mouth for the division of the inferior maxilla; and my colleague, Mr. Whitehead, further improved on Nunneley's plan by simply passing an armed needle through the mylo-hyoid region, and threading the tongue through the loop of wire conveyed through this aperture. Even the wound thus caused is, however, unnecessary, for by first dividing the tongue along the raphé from base to tip, by means of the galvanic wire, each half may readily be removed by a cut with the wire traveling at right angles to the first incision, and by this means the inconvenient charring of the soft parts of the floor of the mouth, through which the wire would pass in Mr. Whitehead's plan, is obviated. The actual cautery is employed to stop bleeding in all cases when

it is very difficult or impossible to apply ligatures, as after excision of the upper jaw, or after removal of piles, which are incomparably better treated by the clamp and the actual cautery than by any other plan. The value of heat as a counter-irritant is especially well seen in cases of chronic synovitis and arthritis of a more general kind. In these cases it stimulates the lymphatics and the capillaries at a considerable distance, and so excites absorption of exuded material and causes disappearance of old inflammatory thickenings and bands of adhesions. Even in pulpy degeneration of joints, when all active symptoms have subsided, the free use of the actual cautery followed by absolute rest is sometimes crowned with complete success, and it should certainly be resorted to in all such cases before practising excision.

Poultices and fomentations act beneficially by relaxing the capillary system, and so favor absorption; in this way they often prevent suppuration, though, if inflammatory action has proceeded beyond a certain point, they hasten the issue by this same power of relaxation. Hence, nothing is more rational than to apply poultices when an abscess is in process of formation, though their application should be at once discarded after evacuating the contained matter, and Lister's method of dressing commenced, or the plan more recently suggested by Mr. Callender. Poultices made of Iceland and other kinds of moss are sometimes recommended as possessing special properties of absorption, but I have not been able to determine whether they do in reality possess any advantage over those made of linseed-meal. The inestimable value of hot fomentations in relieving the pain of angeileucitis following a dissection-wound must not be overlooked. No one who has suffered from such an accident will be likely to do so, nor will fail to urge their employment in similar cases, always insisting on the absolute necessity of their being, like a toper's toddy, hot and strong and frequently repeated.

Lotions and Ointments.—To a large extent it is a mere matter of taste whether an ointment or a lotion be selected. It may, however, be stated in general terms that where large surfaces of cuticle are destroyed, as in cases of burns and scalds, ointments are preferable, inasmuch as they prevent radiation, and so, in a great measure, preserve the necessary animal heat.

Ointments, again, are chosen sometimes simply because, owing to the locality, it would be difficult to apply lotions—as, *e. g.*, in injuries or diseases about the face and the flexures of joints. When insoluble substances, too, are thought desirable as local applications, we are constrained to employ an ointment in which the drug is conveniently contained. Lotions, on the other hand, are cleaner and cooler, and generally more pleasant. They are of course very numerous—fashion, as variable in these matters as in a lady's dress, makes a drug popular for a time, to give way to some fresh rival; but, numerous as they are, they may be classed into astringent, stimulant, and sedative. Pre-eminent among the first group stands lead lotion, which, combined with spirits of wine or with opium, you see so extensively used in the wards of this hospital. Lead, when added to an albuminous fluid, throws down a precipitate, which is an albuminate of lead, and this substance it is which coats over the abraded surfaces, forming an impermeable envelope; at the same time, it constringes the capillaries. It is, indeed, this double action which renders lead such a valuable agent where there is any cutaneous inflammation to be subdued. Hence it is most useful in cases

of erysipelatous mischief, or in checking inflammation consequent upon compound fractures, or in allaying the pain of synovial and other forms of articular inflammation. When a stimulant rather than a soothing action is sought, we resort to other agents, such as our red lotion, which is composed of one grain of sulphate of zinc and five minims of tincture of lavender to an ounce of water; or to the nitric acid lotion; or, when the specific action of mercury is needed, as in cases of syphilitic sores, to the black and yellow washes of the Pharmacopœia. The sedative group, again, are best represented by the lotions which contain opium or other anodynes, combined with various ingredients of an astringent or a stimulating nature, according to the necessities of the case. Their use is clearly indicated whenever pain is severe.

I pass on to shortly consider antiseptic dressings.

Antiseptic dressings were introduced into the practice of surgery from a belief in the germ origin of putrefaction. This theory maintains that putrefaction, which is in its turn the cause of septicæmia, pyæmia, etc., and therefore the chief cause of death after operations, is the result of minute organisms, bacteria, etc., which absorb oxygen, and break down the tissues.

The object of antiseptic dressings is to prevent the ingress of these organisms or to destroy them if already present. The chief agent employed for this purpose is carbolic acid, which, in a saturated watery solution of one part of acid to twenty of water, is very fatal to these minute organisms. The spray, under which you see operations performed and dressings carried on, has chiefly the extrusion of these unwelcome guests in view; the carbolized gauze is employed for a similar purpose, and also because the carbolic atmosphere which it insures is inimical to the development of bacteria; but if infected air has already had free access to an open wound, then it becomes necessary, by means of chloride of zinc or the stronger solution (one to twenty) of carbolic acid, to destroy the germs already present before using the ordinary antiseptic dressings. Whatever be the final issue of the contest upon the germ theory of disease, nothing can ever imperil the stability of this mode of dressing, until, perchance, the same almost perfect results be attained by a somewhat simpler process. If the theory be finally triumphant, it seems as if it must carry with it, as a corollary or "rider," that by a thorough adoption of antisepticity in our hospitals we shall be able to exorcise the demon of "hospitalism," whether it appear in the guise of pyæmia, or erysipelas, or other septic trouble.

Of course it often happens, as in cases of operations about the mouth, or in cases of crushed hands and feet and allied injuries, that it is difficult to carry out antisepticity in its entirety; when such is the case it is still well to employ some antiseptic agent as a lotion, etc. For this purpose nothing answers better than boracic acid. Unlike carbolic acid, this agent is quite unirritating to the cuticle, while it is equally good as a disinfectant. It is only slightly soluble in cold water, but freely so in hot water, so that the best plan is to prepare a hot saturated solution, and into this dip the lint to be subsequently used. When dry the boracic acid forms a glittering crust of crystals on the lint, and this supersaturated material should be applied *over* a piece of lint wetted in a solution of the acid. This mode of dressing answers admirably in cases of callous ulcers of the leg, or in cases of lacerated and contused wounds in various situations.

RÉSUMÉ OF ORIGINAL ARTICLES

IN OTHER JOURNALS.

MASTURBATION IN THE FEMALE.—As it is often difficult to determine the manner of masturbation in the female, the determination of which is necessary for therapeutic reasons, the following case narrated by Dr. J. H. Pryor (*Buffalo Medical Journal*) may prove suggestive: The patient was a chronic masturbator who has kept up the practice for years without her relatives' knowledge. Three days ago, in a fit of despondency, caused by the fear that she had permanently ruined her health and shattered her mind by the excessive indulgence of the day before, she procured a knife and endeavored to kill herself. In consequence she was examined by a physician who found that since her fifth she had indulged in a peculiar swaying of her person in consequence of great pleasure in such movement. Latterly, if a simple task devolved upon her, she must needs resort to this act to gain the composure and steadiness necessary for its performance, and it alone ensured a sleep full of bright and radiant dreams. Of late years trouble has been the principal incentive to pollution, in her serener moments the thought of re self-abasement and wrecked life producing depression. At such times her masturbation became painfully excessive, having frequently spent hours in wild enjoyment, which was so nearly allied to pain, that it must have been associated with her mental delirium. Now there came a lull when she suffered. For four months she endeavored to be a woman, but something tripped up her resolve. This marked the commencement of a period of depression, which ended on the morning of her suicidal intent. When asked in regard to her method of pursuing this habit, she said that she could show better than she could tell, and straightway falling upon her knees before a chair, she let her elbows drop upon its seat, and grasping the arms with a firm grip she commenced a swaying, writhing motion, seeming to fix her pelvis and moving her trunk and limbs—this for a moment—then every muscle was rigid, in contraction, her face borrowed a demoniac expression; the features were contorted, the eyes rolled, the teeth set and lips compressed, while the cheeks wore a purplish flush. Thus she remained for a time a most revolting spectacle. Upon rising she explained "that it only took a moment to commence, but that the reveling lasted for a long time." She then showed her knees which were skinned and bore old ecchymoses; also remarking that often her muscles were so lame the day after an indulgence that she could scarcely lift her hand. Not being able to understand how the orgasm could be thus produced, Dr. Pryor questioned her in regard to this point. She said that the swaying induced a pleasurable sensation, which was probably caused by suction being brought to act upon the clitoris. This suction she describes distinctly, and says that almost immediately after something

bursts, and then comes the rapture which is prolonged for an indefinite time. Probably the sensation of something bursting is caused by the discharge from the vulvo-vaginal glands. Dr. Pryor is at a loss whether the greatly-prolonged orgasm she describes is a psychical delusion or a physical phenomenon. If it be a delusion he has never discovered another. She has tried other methods of masturbation, but finds them very unsatisfactory. An examination revealed a slightly enlarged clitoris, slightly congested and tender; vagina somewhat tender; uterus normal. The patient was placed in the ward under observation; given some work, also baths, iron and light doses of pot. brom. If she chanced to speak of the irreparable injury she had done herself, a firm assurance was given her that this was not true, and that she would certainly and surely get well. At last account the improvement is very marked; she has gained in flesh, is more cheerful, complains very little of headache, and believes that she will recover. So far as can be learned she has not resorted to her old practice.

Elastic Ligature for the Umbilical Cord.—Dr. J. J. Reid, New York (*Medical and Surgical Reporter*, December 1, 1883), says: In the majority of cases the ordinary ligature is sufficient to tie the umbilical cord, but in certain cases fatal hæmorrhage follows its use, even in the hands of competent practitioners. Hæmorrhage is most likely to occur in cases where the cord is large, and there is an abundance of gelatinous matter. In such cases where desiccation and consequent contraction takes place, sufficient pressure is removed from the vessels to permit bleeding. There is a rare class of cases where any common form of ligature of the obstetrician must be useless, and that is where there is calcification of the cord. The diagnosis of such a case will hardly be made before one or more attacks of bleeding take place. He has proved satisfactorily that a fine strong ligature tied as tight as possible with a surgeon's knot, and tied again and again in the same channel with the intention of causing as much pressure as possible, failed to prevent hæmorrhage. He thus became convinced that to prove serviceable the ligature must be elastic to compensate for the shrinkage. The method he adopted was to carry in his pocket a piece of black rubber tubing of the kind and calibre ordinarily used for drainage purposes. From the piece of tubing he cut off a ring about an eighth of an inch in length, and slipped it on the prongs of a dressing forceps. The forceps are then opened and the umbilical cord grasped about two inches from its extremity. The rubber ring is then slipped down and over the fold of cord embraced by the forceps. It is obvious that an increased amount of compression can be obtained by cutting the rubber ring longer, as the greater the amount of rubber the greater the pressure, but in his experience an eighth of an inch is sufficient.

Ætiology of Uterine Inversion.—Fuerst (*Arch. fur Gyn.*, B. xx., 3)

thinks that the important medico-legal question in regard to the possibility of a spontaneous origin of uterine inversion has been answered in different ways. It cannot be definitely stated how frequently this form occurs in comparison with that produced by external force. Too little consideration has been paid to the fact that complete atony, at least of a portion of the uterus, is the chief condition from which inversion results, this being present, slight force, as by the action of the abdominal bandage, with certain voluntary or involuntary movements added, will result in this accident. In a case which occurred in Dr. Fuerst's experience, the inversion occured spontaneously soon after delivery, and required much effort to accomplish restoration. The patient a primipara was greatly prostrated from loss of blood and exhaustion, but made a good recovery. The accident occurs oftener among primiparæ than is generally supposed. After a protracted labor, more common in primiparæ, weakness of the pains may be a cause of inversion, and, if a delivery has been accomplished with the forceps, the liability to the accident is increased. A placenta whose site is at the fundus is a predisposing cause, and occurs more frequently in primiparæ, just as placenta prævia is more common among multiparæ. The comparatively tense vaginal walls in primiparæ hinder inversion, and, if the accident occurs, this condition may assist spontaneous reduction. The narrower vulva in primiparæ may prevent the free discharge of blood. With the accumulation of the latter and subsequent pouring out, a force may be exerted producing inversion. Pathological growths upon the placenta, adhesions of this organ to the uterus, and adhesion of the membranes, also cause this accident.

Moral Imbecility.—Dr. T. Woods reports the following case: W., six years and eleven months old, has genital organs as fully developed as in the adult, and his pubes covered with a thick crop of dark brown hair, presenting the appearance of a youth of seventeen or eighteen; hair is also commencing to grow on his upper lip. His height is about 4 feet 9 inches, and he is big and muscular in proportion. His voice, for more than a year, has been gruff and hoarse, as that of puberty, and he has had hair on the pubes since he was three years of age. He was so wild and mischievous that the magistrates placed him in an industrial school. He has now been committed for five years. He took away a tradesman's cart, upset it on the roadside, cut the harness into pieces, and galloped the horse about till he was tired of the fun, and then let it go. His clothes were taken away from him, and he was put to bed, to keep him from further mischief. He, however, managed to find his grandfather's best black trousers, cut off the bottoms so that they might fit him, and escaped through the window. One day, recently, he found some pigs straying, and drove them some miles to a butcher, and tried to sell them; failing to do so, he gave them away to some one he met. It required three policemen to take him to the workhouse (to which he was sent until

arrangements could be made for his removal to the industrial school). They had to carry him there face downward.—*Lancet.*

Unusual Effects of the Bromides.—Dr. E. G. Janeway (*New York Medical Journal*) mentioned a case in which hallucinations of sight had been produced by bromide of potassium. The patient, a forty-six-year-old man, had suffered from intense headaches for three months ; no history of syphilis. He had taken bromides before, and said they always disturbed his vision. He was ordered fifteen grains of potassium bromide three times a day, and twenty grains at night. It was combined with the iodide in moderate doses. After a week the patient complained of seeing a third person in the room, and other hallucinations of a similar nature. The bromide was then stopped and the iodide continued. In two days all the symptoms were gone. The dose of the iodide was doubled afterward, but the symptoms did not recur. Dr. Janeway called attention to the fact that delirium was often referred to the disease, when in reality it was from the drugs employed in treatment. This was noticeably the case with salicylic acid or salicylate of sodium, morphine, and wintergreen. Dr. Winters had seen a case in which hallucinations of sight had been caused by immense doses of the bromides. They had preceded the other symptoms of bromism. The patient took at one time six drachms in twenty-four hours. The dose was reduced to ninety-five grains a day, when œdema of the lungs developed, but he finally died of heart-failure. Dr. Winter had seen another case in which forty-grain doses three times a day had produced the hallucination of threads hanging all about the patient, at which he was constantly picking.

Fundus Oculi in Epilepsy.—An unusual opportunity was recently afforded (*Polyclinic*) Dr. Hansell of examining the fundus oculi just after a fit. A girl aged 10 years was sent from the Department for Nervous Diseases to the Eye Department, that the eyes might be examined, as an aid in diagnosis. As soon as she was brought into the dark room she had a convulsion, presumably induced by fright. She fell back, became unconscious, with the muscles of the face contracted and features distorted, head drawn forcibly to right side, thumbs strongly flexed on palms and palms slightly everted. The attack continued about a minute, and closely resembled a puerperal convulsion. After it had passed away, she seemed exactly as before, experiencing no pain or discomfort. The eye-ground was immediately examined by the direct method, and not the slightest deviation from normal could be discovered. There was no congestion. The veins showed not the least extra pulsation. The case is not worth much ; it was not one of pure epilepsy, and at that age epileptiform attacks result more often than in the adult from the impressionability of the motor centres of the child.

Backward Dislocation of the Thumb.—Dr. A. B. Hirsh (*Polyclinic*) has found of value in this luxation an easy and useful combina-

tion of two older methods—Crosby's right-angled motion and the ordinary side-to-side extension and counter-extension. The combination proved entirely successful in two cases. The first was that of a young man who, while trying to catch a ball falling from a considerable height, received it upon the palmar surface and end of the left thumb, causing a simple dislocation of the distal phalanx upon the dorsum of the adjacent phalanx. Extension and counter-extension were made unsuccessfully by hand, by the Levis apparatus (which latter had been used successfully in previous cases), by the clove hitch knot, by Charrière's forceps, and also by Dr. Crosby's plan of putting the opposing phalanges at a right angle. Section of the ligaments having been proposed to the patient and objected to, some other mode of reduction was necessary. Pulling on the dislocated phalanx, meanwhile steadying the next one by my other hand, Dr. Hirsh, by a sudden swinging outward, was enabled to tilt the *inner* and proximal angle of its base on top of the corresponding head of the next phalanx, by which an obtuse angle was formed. This position gave a purchase which easily allowed of complete reduction by manipulation, so that the usual after-treatment restored complete use of the joint. In the second case the injury from the same cause and in the same position was complicated with oblique fracture downward and inward of the head of the phalanx. Motion of the fragments rendered all attempts at reduction unavailing. The only alternative, other than section of ligaments or removal of bone, was the leverage plan just mentioned, except that the fulcrum in this instance was the *outer* half of the head of the next phalanx. This was, after some effort, successful, and, although redundant callus delayed recovery, the the man now finds no difficulty in working with the hand.

Reciprocal Insanity.—Under this title Dr. Parsons (*Alienist and Neurologist*) discusses the psychical phenomenon which the French call *folie à deux*, the English double insanity. Dr. Parsons says insanity may arise reciprocally in various ways, as: *First.* From identical causes acting at the same time and under similar circumstances on individuals of like susceptibilities, who are in close sympathy and intimately associated, the mental disturbance excited in each immediately reacting upon and increasing the mental disturbance of the others. *Second.* From insane delusions being entertained by one of two or more predisposed persons in intimate relation with each other, and the deluded person acting as a cause of the development of similar, or identical insanity in the others, and mutual reactions taking place. *Third.* Through emotional influences; as when one subject of a convulsive form of nervous disease, or of a form of insanity characterized by emotional disturbance, is intimately associated with persons of similar temperament and susceptibility.

Fungus Endometritis.—Dr. Brennecke (*Archiv. fur Gyn.*, B. xxi.)

believes that there are two varieties of fungus endometritis, properly so-called, a glandular, in which overgrowth of gland tissue is the most marked change, and an interstitial marked by overgrowth of connective tissue. The interstitial appears in young people, the glandular in old.

These cases are dependent on bio-chemical ovarian disturbance, which, as a reflex effect, causes chronic uterine mucous membrane hyperæmia, and these lead to hypertrophy. There is another type distinct from the two last mentioned, which is a purely local affection, and, finally, there is what Dr. Brennecke calls the decidual type, due to abortion. In the first type the curette is of great value when combined with tonic medication. In the uterine form hæmorrhage exists from the beginning; in the ovarian menstruation is at first deficient or absent. In the uterine form relapse is not much to be feared; the ovarian has strong tendency to relapse. The fragments removed by the curette are smaller in the uterine type than in the ovarian; those in the ovarian type show the structure of hypertrophied mucous membrane. The decidual type is often cured by a single application of the curette.

Purpura from Quinine.—Dr. Wigglesworth (*Boston Medical and Surgical Journal*) reports a case of a woman who, one hour after taking a one-grain dose quinine, noticed a scarlet, non-elevated irregular circular patch, the size of a silver half-dollar. On taking eleven more grains the spots increased in number. When the quinine was discontinued the spots desquamated and disappeared.

Deafness from Quinine.—Dr. M. Landesberg (*Medical and Surgical Reporter*) reports the following cases of deafness from quinine: The first case was that of a stout, but somewhat anæmic lady, who was under treatment for serous iridochoroiditis. In the course of the treatment she was ordered three grains of quinine sulphate, with five grains of iron lactate at a dose, to be taken three times a day. She became "stone deaf" next day, to all appearances, in consequence of the use of the powders prescribed. Before her hearing had always been very fine. Shortly after the ingestion of the second powder she had felt some dizziness and fullness in her ears; she could not say that her hearing had diminished, but she had the sensation as if the voices heard were husky and came from far off. She compared the sensation to that of having the ears filled with water and hearing people speaking. In the course of the afternoon slight headache set in, and the hearing diminished considerably. Before bedtime she took the third powder, and awoke the next morning, after a night of sound sleep, unable to understand the voice of her room-mate. The head was absolutely free, and there was no other trouble but the sensation of fullness in the ears. After eight days of rest Dr. Landesberg prescribed to the patient three powders of pure quinine sulphate, in three-grain doses, to be taken in capsules. After the first powder, taken at eight o'clock in the morning, the patient felt slight

dizziness and headache, with the sensation as if the blood was rushing to the head, and as if the face was flushed, which, however, was not the case. At ten o'clock she took the second powder. Half an hour later the sensation of fullness in the ears set in and the power of hearing rapidly diminished, so that towards evening she heard the ticking of her watch only at four inches distance. At nine o'clock P.M. she took the third powder and went to bed. The sleep was sound. In the next morning the noises in her ears were very troublesome, and she could hardly hear whispering close by. The recovery was complete. Case 2 came under treatment for furuncles of right auditory canal; general health poor and appetite bad; sleeplessness and nervousness; no history of malaria; hearing was normal in either ear. The affection was treated according to the indications. He was given a combination of iron with quinine—ferri hydrogenii redacti, and chin: sulphur. ad gr. iij. at a dose three times a day. After a three days' use of this remedy fullness and ringing in the ears developed, with gradual diminution of hearing. Notwithstanding the symptoms grew worse every day, patient continued the powders for five days longer, to present himself only at the appointed time. Hearing was reduced in either ear to hearing a loud voice close to the auricle. There was no pain and no change in the condition of either drum-membrane. Inflation of ear, by means of Politzer's air-bag, did not improve hearing and did not diminish the ringing noises in the ears, which however caused but little discomfort to the patient. Complete recovery within three days set in spontaneously after the further use of quinine had been discontinued.

COLD BATHS IN PNEUMONIA.—Bruguatelli (*Italia Medica*, 1883, p. 293) concludes that the objection of the patients to cold baths are easily overcome. The convalescents cured by this means soon induce the others to submit. The pneumonics bear bathing well, and in Dr. Bruguatelli's experience collapse has never occurred. Advanced age even, in his opinion, is not a necessary contraindication to their use. The pulse in general relaxes; respiration remains the same. Bathing calms the patient and calm slumber often results. The cold bath produces a notable and permanent lowering of the temperature.

QUININE IN PERTUSSIS.—Poskin (*Annales de la Soc. Med.-Chir. de Liège*) has employed quinine tannate in twenty-eight cases, and found that it invariably shortened the spasmodic stage and diminished the intensity of the paroxysms. He gives large doses of quinine toward evening within the space of half an hour.

MUSCULAR HÆMATOMA.—Dr. H. E. Sargent reports the following case in the *Lancet*. Mrs. B—, aged forty-five, weighing 220 pounds, fell on a zinc pail, its edge striking the abdomen two inches to the right of, and on a level with the umbilicus. A day or two after the fall a tumor,

semi-elastic, with distinct outline, could be traced at the seat of injury. It was only slightly tender, and appeared to have deep-seated attachment. In a little less than three months the skin over the tumor began to discolor. Poultices were applied, and at the end of another week it commenced to slough. Gradually a black mass was disclosed, revealing the true nature of the tumor, which was evidently a blood-clot. This gradually became enucleated, and in due time was turned out, leaving a chasm in the abdominal wall four inches wide by three deep. Cotton wool steeped in carbolized oil was used to plug the cavity from the bottom, which rapidly closed. The case is interesting from its rarity, and the complete recovery, under a strictly expectant plan of treatment, aiding the *vis medicatrix naturæ*. The fall must have caused muscular rupture at the seat of injury, with subsequent hæmorrhage into the cavity thus formed.

Treatment of Pneumonia.—Bamsler, University of Freiburg, Baden, directs his efforts chiefly towards sustaining the patient's strength until the disease leaves him (*Medical Record*). The pyrexia being a chief cause of exhaustion, he endeavors to keep down the body-heat, which he does by cold baths, wet packing and quinia in 15 to 20 gr. doses, in the evening, or grains 60 to 80 of sodium salicylate within an hour in the middle of the night. The patient's diet must receive careful attention; be sufficiently nourished by broths, beef tea, milk, and a half to a pint of light wine, in twenty-four hours. When there are pleuritic pains, an ice-bag is applied to the chest. Restlessness, great pain or diarrhœa, is to be met by morphia or Dover's powder. If bronchial catarrh is a prominent symptom, ipecacuanha in infusion is administered. He never employs sweet spirits of nitre in pneumonia.

Abscesses.—Mr. Nairne concludes (*Glasgow Med. Jour.*): 1. The early years of life are those in which abscesses are most common. 2. Both sexes are equally subject to abscesses. 3. The upper part of the body is the commonest site of abscesses in the female sex. 4. The lower part of the body is the commonest site in the male sex. 5. The parents of such as have suffered from severe abscesses are themselves (either one or both) phthisical or strumous. 6. The average duration of treatment of curable abscesses is two weeks. 7. Abscesses fall naturally into two divisions—*a*. Simple. *b*. Indicative. 8. Simple abscesses require little treatment; have a tendency to spontaneous cure. 9. Indicative abscesses require great attention; have no tendency to cure, but rather to become chronic. 10. Indicative abscesses indicate constitutional affection—*a*. Of the osseous system. *b*. Of the glandular system, or of the cellular or any tissue other than osseous. 11. The constitutional affection of the bones is the least fatal.

Venesection in Cardiac Disease.—Dr. Fenwick (*Lancet*) sum-

marizes his experience in the taking of blood in heart affections, as follows: 1. In cases of valvular stenosis, if dyspnœa or pain or urgent symptoms be present, bleeding is generally useful; that it appears to be better to bleed often if necessary, but to take only small quantities each time, and this by means of leeches or the cupping glass direct from the cardiac region. 2. In cases of valvular incompetency, if urgent dyspnœa or cyanosis or stupor be present, it appears best to bleed freely from the arm to about 16 or 20 ounces if necessary, and, if possible, once for all. 3. In cases of acute pericarditis and endocarditis the attack may possibly be cut short by freely cupping the cardiac region at once. In cases of cardialgia, without any evident cause, leeching or cupping over the heart's area will probably give relief.

Functional Cardiac Murmers.—Dr. Shattuck (*Western Lancet*) says that the true cause of cardiac murmurs, especially those ordinarily called "functional," not being fully understood for practical purposes, a practical classification is needed. Clinically, then, murmers may be divided broadly into the serious and non-serious. Even if there be included in the latter group some murmurs which are truly organic, no harm is done, inasmuch as an injury to a valve which is so slight as to be followed by no other evidence of disturbance of the circulation after the lapse of six months or a year cannot be of any consequence. The differential diagnosis may be tabulated thus: The serious murmurs occur at any time in the cardiac revolution; are apt to be associated with rheumatism or its history; have definite lines of propagation; are persistent; involve well-marked enlargement of the heart. The non-serious murmurs are systolic in time; are usually associated with anæmia, fevers, chorea, or respiration; have no definite line of propagation; are usually transitory; involve no marked enlargement of the heart.

A Case of Supposed Dislocation of the Tendon of the Long Head of the Biceps Muscle.—In *The American Journal of the Medical Sciences* for January, 1884, Dr. J. William White records a case of this very rare form of luxation, and reviews the history of the few other cases in which this accident is supposed to have occured. He finds that the recorded evidence of the occurence of dislocation of the tendon of the long head of the biceps muscle may be divided into two general classes: 1. The reports of clinical cases in which certain symptoms were referred by the writers to this displacement, but in which its existence was not otherwise confirmed. 2. The reports of cases in which the tendon of the biceps was found luxated at an autopsy, or during a dissection, but in many of which no clinical history was obtainable. The study of the literature of the cases recorded leads to the conclusion that although for more than a hundred years cases of supposed luxation of the tendon of the long head of the biceps muscle have been reported or alluded to by surgical writers, yet they have been so poorly observed,

or so carelessly described, that they fail altogether to carry conviction, the one case (Soden's) which possesses any strong element of probability being itself open to reasonable doubt. The symptoms in Dr. White's own case, which led him to the conviction that there had been true traumatic luxation of the bicipital tendon may be enumerated as follows: 1. The recognition of the bicipital groove, empty, which, if its existence be admitted, is pathognomonic. 2. Recognition of the tendon itself. 3. The inward rotation of the arm. 4. A slight depression under the tip of the acromion, a prominence of the shoulder in front, and a flattening behind. 5. Diminution in the vertical circumference of the shoulder. 6. Shortening of the arm as measured from the tip of the acromion to the external condyle. 7. Elevation of shoulder, tilting up of acromion, and elongation and narrowing of axilla when the arm was carried upwards. 8. The peculiar depression situated over the bicipital groove. 9. The line of ecchymosis following and strictly limited to the course of the biceps muscle. 10. A creak or "squeak," heard distinctly on carrying the elbow away from the side. 11. Flexion of the forearm on the arm was painful, the pain being sharp lancinating, and felt at the front of the shoulder; flexion during supination was much more painful than flexion during pronation. 12. When extension of the forearm was attempted, a tense line along the edge of the biceps could be both felt and seen. 13. The pain felt over the joint was also felt along the line of the biceps as far as its insertion, and the patient still has a "drawing" sensation over that region. 14. The arm was preternaturally mobile for some time after the accident. 15. The position of the patient after the accident. 16. The character of the force producing the difficulty. The *rationale* of these symptoms is very fully explained.

Multiple Cutaneous Ulceration.—In the number of *The American Journal of the Medical Sciences* for January, 1884, Dr. I. Edmondson Atkinson records a case of universal interest and almost unique character, which is closely related to that rare and remarkable disease known as symmetrical gangrene. The symptoms were briefly a papulation and vesiculation, followed by a very superficial destruction of the epidermic structures and the most external dermal tissue. This was followed, more or less rapidly, by ulceration of progressive character, so that, in the highest degree, in a very short time, not only muscle, fibrous tissue, and cartilage, but even bone was destroyed. At no point was there gangrene in mass, if we may exclude the secondary destruction of bone, but, on the other hand, rapidly progressive and molecular gangrene. This ulceration, while showing a tendency to affect similar parts of corresponding members and regions, could hardly be termed symmetrical. The right side of the face suffered much more severely than the left, while the left upper and lower extremities were decidedly more affected than those of the right side. The extent to which motion and sensation were impaired was indeterminate. The child lost the power of locomotion, but whether

from diminished nerve influence directly, or from increasing general debility, was not evident. Certainly there was no complete paralysis. Similarly with sensation, it was difficult to determine the true condition. That there was abnormal sensation was certain, but whether there was itching or paræsthesia was a matter of doubt. There were no scratch marks, nor was any expression of pain elicited upon handling the parts. On the other hand, there can be no doubt that the sensation of pain was decidedly blunted, as shown by insensibility to quite rough usage, and by the violence with which the child bit and rubbed her extremities, even to the production of lesions and the copious discharge of blood. This bluntness of sensation extended beyond the area of lesions, and amounted to a decided numbness. Distinct symptoms of vaso-motor disturbance were not observed; the description of the mother, however, that the extremities became dry and wrinkled, is of significance, though it must be admitted that this was not observed while the child was under treatment. The color of the child's skin would also doubtless interfere with the recognition of vaso-motor phenomena. As causes of this remarkable condition, Dr. Atkinson was able to include mercurial intoxication, and that from ergot or other medicaments which occasionally excite gangrene or destructive ulceration in those into whose bodies such agents have been introduced. Dr. Atkinson thinks there can be no doubt that the disease belongs to the group of affections which the late Oscar Simon first named "multiple arthritic gangrene." According to Simon, it attacks, almost exclusively, children between one and two years old, and begins with vesicles which dry into scabs. These fall off and leave a loss of substance of varying depth, in some cases even reaching to the bone. In all cases cachexia may be recognized. He regards the process as a gangrene produced by a cachectic thrombosis. It is not unlike the forms of gangrene produced by ergot, morphia, or in the course of diabetes, typhus, or in paraplegics. The prognosis is good. The treatment should be principally of a tonic character. In the absence of definite knowledge of the pathogenesis of these and kindred lesions, and in view of the unmistakable vaso-motor disturbances observable in the more pronounced forms of the affection known as symmetrical gangrene of Raynaud, Dr. Atkinson thinks we can do no better than provisionally accept the theory of Weiss, according to whom the disease is a neurosis, in which the vaso-motor centre is, from whatever cause, readily thrown into a state of hypertonus; the importance of the symptoms depending upon the dignity of the parts upon which the vascular spasm is developed. Contraction of the cutaneous arteries will produce a bloodless condition of the skin. By venous spasm is produced local cyanosis, and by contraction of vaso-dilators local active hyperæmia. Similarly, by vascular spasm of those portions of the posterior columns standing in functional relation with the skin, will be produced nutritive disturbances of the skin and epidermic structures.

THE VISUAL AREA IN THE BRAIN DETERMINED BY A STUDY OF HEMIANOPSIA.—Recent research in cerebral physiology has been directed toward the subject of the localization of sensory areas on the cortex of the brain, and has been productive of many very interesting discoveries. The investigations of Wernicke and Stilling in the anatomy of the brain, and the observations of numerous pathologists in cases of hemianopsia have confirmed in such a striking manner the conclusions of the physiologist. Munk, regarding the cortical area governing vision, that a summary of the facts made by Dr. M. Allen Starr, in the January number of *The American Journal of the Medical Sciences*, deserves attention. A knowledge of these facts is necessary both for the exact examination of cases and for an accurate record of autopsies; as it seems probable that many errors in the past have been due to the imperfect investigation of symptoms and of lesions. From an analysis of 32 recorded cases with autopsies, Dr. Starr reaches the following conclusions regarding the pathology of hemianopsia: Lateral homonymous hemianopsia may be produced not only by a lesion of an optic tract, but also by a lesion situated either in the pulvinar of one optic thalamus; in the posterior part of one internal capsule or its radiation backward toward the occipital lobe; in the medullary portion of the occipital lobe; or in the cortex of one occipital lobe. Extensive or multiple lesions involving two or more of these portions of the brain produce the same symptom. Hence, a lesion in the course of the optic fibres of one side, at any point between the optic chiasm and their termination in the cortex of the occipital region, produces partial blindness of both eyes. It is, therefore, justifiable to conclude that the occipital lobe of each side is in anatomical and functional relation with both eyes; in such a manner that the like-named sides of both retinæ are connected with the like-named hemisphere, *e. g.*, the right sides of both retinæ with the right hemisphere, and *vice versa*. When a lesion of one hemisphere involves the optic fibres at any point, partial blindness of both eyes, and not blindness of the opposite eye. is produced. Any form of brain lesion, abscess, embolic softening, hæmorrhage, tumors, chronic meningitis, if located in the course of the optic fibres or on the surface of one occipital lobe, may produce hemianopsia. The symptom is not due, therefore, to the shock of an apoplexy or embolism, nor to an increase of intracranial pressure, as cases occur in which neither of these conditions is present. It must, therefore, be regarded as a symptom indicating a local circumscribed lesion of one hemisphere, and not a general symptom (such as headache or coma) of brain disease. A study of the cases cited leads to the inevitable conclusion that the visual area lies in the occipital region, that the symptoms other than visual cannot be referred to any lesion except to that of the occipital lobe, and that the right occipal lobe receives impressions from the right half of both eyes, and the left occipital lobe from the left half of both eyes. With these facts in view the question arises, Are there any means of locating the lesion present in a case of hemianopsia?

Reference is here made to lateral homonymous hemianopsia. All other forms are due to a lesion of optic chiasm or optic nerve. A review of the cases and a comparison of symptoms with lesions will demonstrate that this is impossible. The lesion producing the hemianopsia may lie at any point in the course of the optic fibres from the chiasm to the occipital cortex, and in all cases the character of the hemianopsia may be the same. It is only from a study of the accompanying symptoms, therefore, that the lesion can be located. But each of the other symptoms may be due to lesions situated at various points. If it can be proven from a study of the other symptoms that the lesion must be in one definite position, and at the same time a lesion in that position would intercept the visual tract, a probable diagnosis may be reached.

Trismus Nascentium.—In an elaborate paper in *The American Journal of the Medical Sciences* for January, 1884, entitled "Trismus Nascentium, or the Lockjaw of Infants, its History, Cause, Prevention, and Cure; Illustrated by Cases and Post-Mortem Examinations, with a Statistical Table of 229 Deaths," Dr. J. F. Hartington supports the theory advanced by the late Dr. Marion Sims, that the symptoms are due to the effects of mechanical pressure on the brain by displacement of the occipital or parietal bones as the result generally of decubitus, and that they may be relieved simply by rectifying this abnormal displacement, often by change of position in lying alone.

ORIGINAL TRANSLATIONS.

The Diagnosis of Doubtful Cases of Pulmonary Phthisis by the Presence of Bacilli in the Expectoration. By Professor G. Sée (communicated to the Academy of Medicine, December 4, 1883). Translated from the *Progrès Médicale* of December 8, 1883, by H. McS. Gamble, M.D., Moorefield, W. Va.

I.—PATHOLOGICAL UNITY OF PHTHISIS.

Since the immortal works of Laënnec, we ought no longer to admit, under the name of pulmonary phthisis, of more than one species of pulmonary phthisis—tubercular phthisis, but with varied forms, to wit: 1st, the granulation called miliary, be it in the lung or be it generalized in several organs; 2d, gray or yellow tubercle; 3d, gray or yellow infiltration; 4th, the caseiform state which constitutes the first phase of destruction of the lung. All these forms are but stadia of the same process, and, since the excellent works of Cornil, of Hérard, of Graucher, and above all of Charcot, the unity of phthisis is clearly established. But at all of these periods the evolution of the disease may cease; there is then a production of fibrous tissue, which is equivalent to a cure more or less definitive.

II.—EXPERIMENTAL UNITY OF PHTHISIS.

The experimental pathology of phthisis inaugurated by M. Villemin demonstrates that, whatever may be the mode of inoculation employed, whatever may be the tuberculous product inoculated, the result is always the same; there is developed in the animal a tuberculosis, sometimes polymorphous but always identical with itself, always indefinitely reinoculable, and reproducing always, even in employing only an extremely minute quantity of morbid matter, the tuberculosis under some one of its forms. There is, then, therein a special character, as Laennec had affirmed, but there is added thereto a new idea, that of specificness.

From specificness to virulence is but a step; it has been taken. It is not a question here, in fact, of a common poison acting in proportion to the dose employed. Everything leads us to suppose that it is a question of a micro-organism which operates by multiplying itself indefinitely. The reality of this hypothesis has been established by the communication of Koch, the 24th of April, 1882, to the Medical Society of Berlin, in which he showed the tubercle bacillus.

III.—MICRO-ORGANISM OF PHTHISIS. THE TUBERCLE BACILLUS.

Sought for about the year 1877 by numerous observers, among others Klebs, Schüller, Rindstaedler, this bacillus had been confounded with common organisms, incapable of reproducing the disease unless there is added thereto, as Deutschman did, solid tuberculous particles. Aufrecht, Rindfleisch, had observed in the giant cells micrococci isolated and in zoöglœic masses, elements found again by Malassez and Vignal and Renault (of Lyons). Baumgarten affirmed the existence of the bacilli without being able to demonstrate them clearly. Koch, finally, by a special technique, rendered evident the constant existence of the tubercle bacillus in all the products of the tuberculosis, and assigned to them certain reactions absolutely characteristic.

1. All the products called tuberculous, solid or liquid, contain bacilli, in greater or less quantity, whether they come from the walls or from the contents of a cavern, or from the expectorated matters, or even—in the case of urinary tuberculosis—from the kidney itself or from the urine, as well in the crude tubercle as in the caseous mass.

In *scrofulous lesions* as in *surgical lesions*, in adenitis, in osteitis called tuberculous, they have been found, though in smaller quantity than in the lungs. Buckhard and Krause, Marchand, Bouilly, Cornil, have equally demonstrated them in lupus, although in small number. Finally, in all animals attacked with spontaneous tuberculosis. Koch has discovered them in apes as well as in horned animals, dead of *pomelière*, and in every case the inoculation of these products gave rise to an ordinary tuberculosis.

2. The tubercle bacillus presents a certain number of reactions which are peculiar to it and which it shares only with the bacillus of leprosy. If, following the procedure of Ehrlich, and it is that of which we have made use in our researches upon the expectorated matters of the subjects of phthisis, we strongly color the tissue, or even the liquid spread out in a thin layer upon a narrow strip,

with a layer of fuchsine in solution strongly alkalized by the oil of aniline, and which is then decolorized by immersion of the preparation in water containing a third part of nitric acid, all the formed elements, tissues, or microbes whatever, are decolorized, whilst the tubercle bacillus alone remains colored red. If, then, we color the preparation anew by means of methyline blue, all the elements assume a bluish tint, save the tubercle bacillus, which preserves its red color and thus stands out clearly on the blue ground. This character depends perhaps, according to Ehrlich, upon a special envelope of the bacillus. The bacilli thus revealed present themselves under the form of extremely slender bâtonnets, the length of which equals the fourth or the half of a red globule. Sometimes they contain spores; they are often fragmentary; sometimes they affect the appearance of chaplets; they are also accompanied by rounded elements having the same color reactions, whether isolated or under the form of zoöglœa. They can live and multiply only between 38° and 40°.

3. Virulence is a function of the bacillus; it alone is capable of reproducing tuberculosis. *a.* The demonstration has been made by Koch, who succeeded in isolating and cultivating the bacillus in the blood serum of the ox, heated during six days, every day for one hour to 38°, then for several hours to 65°, until it is coagulated, and finally sown with fragments of tuberculous matter. *b.* The inoculation of these bacilli into animals of the most diverse natures (cobayes, rabbits, rats, mice, cats, dogs) has always produced tuberculosis, more surely even than the direct tuberculous matter. *c.* In the absence of the bacillus, every inoculation remains unfruitful, as Baumgarten has just demonstrated (*Centralblatt*, 1883, No. 42) in the most rigorous manner. The inoculation into the anterior chamber of the eye of a rabbit fatally produces tuberculosis if a product has been selected containing bacilli, whilst every product not containing them gives rise to nothing under the same circumstances.

IV.—THE DIAGNOSTIC VALUE OF EXPECTORATION CONTAINING BACILLI.

a. Whatever may be the stage of the disease, the expectoration of the subjects of phthisis contains bacilli; it is the characteristic, the signature of tuberculosis. Their presence clearly established allows us to affirm that we have to deal with a tuberculous subject, and, as to variety, with a case of pulmonary phthisis. Inversely, if the repeated examination of the expectoration of a patient does not enable us to establish the presence of bacilli, it may be affirmed that it is not a case of tuberculosis. On the other hand, the inoculation or inhalation of bacilliferous expectoration reproduces the disease in the clearest manner. *b.* We have practised the examination of the expectoration of our patients in making use of the procedure of Erlich, which we have indicated above. It is necessary to be careful to select for the examination the most opaque parts of the centre of matters expectorated.

V.—INVESTIGATION OF BACILLI IN CASES OF CONFIRMED PHTHISIS. HISTORY.

Near the beginning of his researches, Koch examined the expectoration of a very great number of cases of phthisis, as well as that of subjects attacked with

other affections of the chest. In more than half of the patients of the first category he demonstrated them in very great numbers, whilst in the second he never met with them. Besides, he saw that inoculation of the expectoration separated from the saliva, often septic in itself, reproduces the disease, even if the expectoration has been dried for from two to eight weeks.

Divers researches.—After Koch, researches have been multiplied throughout the entire world. In twenty-six cases of phthisis Ehrlich always found the bacillus. Balmer and Frantzel have studied in great detail one hundred and twenty cases of phthisis, and one hundred and twenty times they found the bacillus, whilst it was wanting in all the other pulmonary affections examined comparatively. According to these authors, in general, an expectoration containing a large number of baccilli indicates a grave case, although there is nothing absolute upon this point; sometimes, in a patient attacked with miliary tubercles (granulic), the expectoration scarcely contains any, while that which proceeds from an old cavern, in a case of phthisis developing slowly, will contain an enormous quantity. The febrile state does not seem to have any great influence, unless the fever coincides with a sudden onset of ramolissement of the caseous masses. Hence, the irrefutable diagnostic value, whilst the prognostic value is more variable.

Since these authors, researches have multiplied everywhere, as well in Europe as in America. But it results from a statistical work, read by Ferguson before the Society of Massachusetts, in June, 1883, that, in a total of 2,509 cases of phthisis in which search was made for bacilli, they were found 2,417 times, and, in the greater part of the negative cases, the examinations have not been sufficiently numerous to permit of affirming the absence of the parasite.

VI.—BACILLI IN DOUBTFUL CASES OF PHTHISIS.

The examination of the bacillus allows us to complete and often to forestall the methods of investigation ordinarily employed to establish the diagnosis of those cases of phthisis difficult or impossible to recognize. We will divide these cases into three categories:

a. Cases of latent phthisis betraying themselves only by functional respiratory troubles—cough dry or catarrhal, hæmoptysis with or without fever, with or without emaciation—without any characteristic physical sign. In these cases the examination of the expectoration enables us to make the diagnosis.

b. Larval phthisis (larvée).—Sometimes phthisis makes its début with an explosion, and puts on the mask of an acute disease—pneumonia, simple lobar, pleurisy, acute bronchitis or accidental laryngitis. Without the aid of a microscopical examination of the expectoration, the diagnosis is impossible.

c. Pseudo-cavernous phthisis.—The clear determination of a cavern does not always mean pulmonary tuberculosis; sometimes a tumor, a neoplasm, ulcerated syphilitic gumma, or finally a chronic catarrh, asthma, bronchial dilatation, will present absolutely the signs of a cavern of phthisis to that degree that the diagnosis is impossible without the help of an examination of the expectoration, which allows us to discern the true nature of the lesion in question.

VII.—LATENT PHTHISIS.

1. *Phthisis with the form of dry catarrh*, characterized by a little irregular cough with scanty expectoration, without fever, without stethoscopic signs. The diagnosis is impossible; but when the expectorated matters contain a few opaque fragments we may find the bacillus, as Lichtheim did, in a case of fifteen days' standing. It is not necessary, in fact, that the tubercle be softened in order that the bacillus may appear in the expectoration, it may come from the bronchial follicles and be eliminated with the mucosities secreted by the bronchiole. Celli and Guarini have observed at the Clinique at Rome fourteen such cases which, diagnosticated solely by the expectoration, developed ulteriorly and confirmed the diagnosis.

2. *Phthisis of the hæmoptoic form.*—Hæmoptysis may be the first sign of phthisis, and precede by a long time all others. These cases have often been considered without proof as of arthritic origin: first error; in the second place, it has been pretended that they alone recover: second error. There is, in fact, a very large number of patients with phthisis who stop at this stadium and get well after having had attacks of hæmoptysis. Hiller claims out of three cases to have found the bacilli twice in the blood of the initial hæmoptysis in persons otherwise absolutely sound. At first very rare, they increased in proportion as the disease defined itself. This is still another proof of the falsity of the theory of phthisis *ab hæmoptoe*. Cramer, Celli (*Centralblatt*, 1883) describe analogous facts. Finally, we have observed a case of it of the most marked character. It is that of a young girl in No. 12 Ward, Sainte Jeanne, sick since a week only, who has had a considerable hæmoptysis at the début, and presented at the time of her admission only a few subcrepitant râles at the apex of the right lung, attributable to the catarrh or to the extravasation of blood. The microscope showed some bacilli, and the diagnosis was established. To-day, after a month, this patient has all the signs of a pulmonary excavation, and her expectoration always contains bacilli.

2. *Miliary phthisis* often presents such analogies with typhoid fever that a diagnosis is impossible in the absence of localization clearly pulmonary. If, then, there exist râles, dry or moist, disseminated in the lungs, the patient will most likely expectorate, and the doubt will be removed by the examination of this expectoration. If, on the contrary, there is only an excessive congestion with râles, the diagnosis, positive or negative, can still only be made by the expectoration. Wipham discovered bacilli in the expectoration of a patient with albuminuria without there having been any physical signs; the necropsy showed the existence of miliary granules at different stages.

VIII.—CONCEALED PHTHISIS.

1. *Phthisis under the form of lobar pneumonia.*—A young man, nineteen years of age, in Ward Saint Christopher, No. 17, was taken, the 13th of September, with a pneumonia of a frank aspect which occupied the upper two thirds of the right lung. At the end of nine days, defervescence not taking place, the expectoration was examined; it contained bacilli in great numbers. Early in October

all the signs of an excavation were determined. Cochez describes an analogous case in his memoirs. Finally, in the patient in No. 4 Ward, Saint Christopher, who presented all the signs of a frank pneumonia, but who did not reach a state of entire defervescence, the examination practised twice showed only common microbes in great numbers; at length, a third examination enabled us to determine the presence of a small number of the bacilli of tubercle. Shortly after the local signs came to confirm the diagnosis.

2. *Phthisis in the form of acute bronchitis.*—These cases are often very difficult, sometimes impossible to diagnosticate at the beginning without a histological examination. Such is the case of the patient (Ward Saint Christopher, No. 1), aged 18 years, sick only for the last three weeks. After getting chilled he had a hoarseness and some fever, then began to cough. On his admission we found on the right side some rudeness of expiration, and sibilant râles in the whole chest, and some more moist râles in the left supra-spinous fossa; the temperature was 40°. The expectoration contained numerous bacilli. After eight days the temperature fell; the râles had disappeared. One might have believed the patient cured and the diagnosis erroneous when, after a few days, at the apex of the right lung, in front and behind, true moist crepitations were observed; then the fever reappeared, and soon a gurgling could be perceived, a proof of the existence of a pulmonary cavity. The case of Cochez (service of M. Hayem) has reference to an old man who had only been coughing for fifteen days, and presented only a sonorous ronflement. Bacilli in the expectoration. Three days after he died; both lungs were full of granules, and at the right apex there existed a little cavern.

3. *Laryngeal phthisis.*—Fräntzelen cites ten cases and Cramer one. In No 20, of Ward Saint Christopher, is a man forty years of age suffering for the last few weeks with a laryngitis, impossible to attribute to alcoholism rather than to syphilis, to cold rather than to tuberculosis. The histological examination showing in the expectoration, moreover extremely scanty, very numerous bacilli, permits the diagnosis to be made.

4. *The pleural form of phthisis.*—It is often enough by the pleura that phthisis makes its début, and we sometimes see the pleurisy precede by long years, ten, fifteen, twenty years, the beginning of the pulmonary determination, or really this primary invasion is rapidly extinguished and cured; then, suddenly, at this long distance, the infection takes place anew, but in the lungs; or again, the pulmonary phthisis results from the propagation of the pleural phthisis to the lung. But as the pleuritic patient very often does not cough, it is necessary to examine the pleural liquid. In a case under charge of M. Vulpian, communicated by his interne, M. Babinski, we see a patient attacked with purulent pleurisy operated upon, remain four months in a grave condition without it being possible to discover the signs of pulmonary tuberculosis. M. Déjerine then found a single bacillus out of three preparations. Three weeks afterwards many more were found. The autopsy showed the existence of caseous foci and a cavern on the left side. An analogous observation of Cornil, and the second one of Cochez, show the difficulty there is in finding the bacillus in the effusion, whilst it is so easily demonstrated in the expectoration. It is the examination

of the expectoration which has enabled us to make the diagnosis in the patient of No. 13 (Saint Christopher). This man commenced to cough three months ago, had, a month later, a right pleurisy, and at this time presents on that side some dulness and an amphoric souffle at the apex, without a trace of râles, and on the left side nothing. Is it an old pleurisy, or a pulmonary condensation from cirrhosis; or, again, a granulo-tuberculous infiltration? The presence of the bacillus in the expectoration allows us to affirm this last diagnosis.

IX.—PSEUDO-PHTHISIS.

1. *Syphilis of the lung.*—Gumma of the lungs may present the signs of a pulmonary induration (flatness, bronchial souffle, bronchophony), or, even when they are ulcerated, give rise to all the signs of a pulmonary cavern; moreover, the expectoration is purulent, and sometimes mixed with blood, just as in phthisis; finally, may not the opening of a gummous tumor, developed in a ganglion of the mediastinum simulate pulmonary tuberculosis or bronchic adenitis? There, again, the finding of the bacillus will remove all doubt (observation of Cornil, case of Balzer, at St. Louis).

2. *Dilatation of the bronchi* presents very often exactly the same signs as a cavern; the expectoration does not suffice always to show the difference. It is thus that a patient, Ward Saint Joseph, No. 11, admitted into the hospital four months ago, in the most complete state of physiological misery, and, under this head, as well as because of the cavernous signs which he presented in the right apex, was classed among the patients with phthisis. But, in spite of the cough, the bronchial catarrh, the cavernous souffle, in several examinations made not a single bacillus could be found. The diagnosis was then canceled, and, in fact, after a month of observation, the patient went out, having recovered his appetite, and presenting a general condition notably better. Debove has just published an analogous case; likewise the case of M. Moussou is similar.

3. *Chronic asthma,* with its sibilant râles, its emphysema, is sometimes accompanied by a very bad general state; it may then simulate phthisis. Such is the case of a young woman in Ward Saint Jeanne who, subsequent to a doubtful typhoid fever, had had, for eighteen months, broncho pulmonary symptoms. After two years of perfect health she was taken, three weeks ago, with violent fever, with general sibilance, considerable emphysema and dyspnœa, reaching even to cyanosis. There was every appearance of miliary tuberculosis, but the negative results of the examinations of the expectoration, practised upon several different occasions, caused this diagnosis to be eliminated. In fact, four or five days afterwards the patient was cured; there remained only the asthma upon which had been engrafted an acute bronchitis.

4. *Chronic bronchial catarrh* with chronic pneumonia may equally cause the belief in the existence of a tuberculous cavern (Heitler).

5. *The chronic catarrh of diabetics* with pulmonary induration is far from being rare; it may be due to a chronic lesion of special nature, but most frequently it is of tuberculous origin. The bacillus alone permits the decision of the question (Immerman, Reitsmeyer, Leyden, Merkel, Reigel).

6. *Doubtful Pulmonary Indurations.*—A syphilitic patient suffering with aortic

insufficiency presented the signs of a pulmonary induration at the apex of the left lung. The diagnosis was uncertain between a chronic pneumonia, a syphiloma, or a tuberculous infiltration. The finding of the bacillus showed that we had to deal with—a coincidence more frequent than is supposed—a patient with heart disease who had become phthisical.

We will say, then, to sum up in a few words, tuberculosis is a contagious, virulent, parasitic disease. Its characteristic element is the bacillus discovered by Koch. The bacillus is found in all tuberculous products, but it is often impossible to diagnosticate pulmonary phthisis by the ordinary means at the commencement of its evolution. It may then be *latent*, revealing itself by no sign; or *larval* (larvée), that is to say it may, take the form of some other acute pulmonary affection, bronchitis, laryngitis, pneumonia, etc.; or, at a more advanced period, it may be impossible to differentiate it from other affections of the lungs: pseudo-phthisis, chronic pneumonia, pulmonary syphilis, asthma, etc. The presence or absence, well and duly determined by several histochemical examinations, of the tubercle bacillus in the expectoration will permit us in all cases, even in the absence of every other positive sign, to affirm or deny the existence of tuberculosis, and, instead of remaining in doubt and helplessness, to lay down a certain diagnosis, a valid prognosis, and to institute immediately a rational treatment.

CRITICAL REVIEW OF MEDICINE: THE REFLEXES. Translated from *L'Union Médicale* of August 14, 1883, by H. McS. GAMBLE, M.D., Moorefield, W. Va.

After MM. Vulpian and Charcot had shown, in 1862, that in multiple scleroses the hyperexcitability of the spinal axis betrayed itself by the trepidation provoked in touching the foot; after M. Bouchard had described, in 1866, an analogous phenomenon in the upper extremity of hemiplegic subjects with contractures, ardent laborers beyond the Rhine entered upon this route of investigation, opened as usual by French pioneers.

In 1875, Erb and Westphal laid down the conclusion which might be drawn from the investigation of the patellar reflex or knee phenomenon in the diagnosis of locomotor ataxia. From that time the tendonous reflexes have been subjected to a patient and delicate analysis in a great number of diseases.

But, at the same time, protestations arose against the importance given to this study, against the intrusion of these novelties into clinical teaching, and more than one practitioner still refuses to see in the investigation of the state of the reflex movements anything more than a curiosity.

Thus are once more verified the two opposite tendencies which divide physicians when their attention is called to a new method of clinical investigation. In face of the sometimes premature infatuation of some arises the perhaps excessive mistrust of those who, jealous guardians of the traditional semeiology, are alarmed at seeing any new sign introduced therein.

Anxious to hold on to the semeiological value of the reflexes, apart from the very difficult problems of physiology which attach thereto, we shall not have in view alone the tendonous reflexes, so well described in the excellent reviews of

MM. Dreyfus-Brisac, G. Ollive and Render. Following the example of Byrom-Bramwell, we will consider the superficial or cutaneous reflexes, the deep or tendonous and visceral.

I.—A type of *superficial reflex action* is the closure of the eyelids consecutive to the least touch of the conjunctiva. This reflex action belongs to the category of defensive movements. It has for its centripetal route the sensitive filaments of the trifacial, for its centre the bulb, and for centrifugal conductors the motor filaments of the facial. M. P. Berger has shown that one might utilize it for the appreciation of the degree of anæsthesia in subjects under the influence of chloroform; it is the last one of the actions of the life of relation which persists, and its disappearance may be considered as the limit of the *zone maniable*. As far as concerns the spinal cord, the examination of the reflex functions belonging to each of the segments of this organ appears to be a logical means for estimating its healthy or morbid condition. Physiology has taught us that each medullary segment with its sensitive and motor roots constitutes a reflex arc, thanks to which the peripheric excitations, performed upon the portion of the skin innervated by the fibres of the posterior roots, may determine the production of reflex movements in the muscular area upon which the fibres of the anterior roots are distributed.

According to Gowers, the best means of producing the superficial reflex actions is to tickle the skin with a fine point, such as the sharpened extremity of a pencil.

If we thus scratch the bottom of the foot, the *plantar* reflex results in a contraction of the muscles of the foot, and its line of passage is the inferior extremity of the lumbar enlargement. Contraction of the buttock muscles follows excitation of the skin of the buttock, by virtue of a reflex which traverses the cord as high as the fourth or fifth lumbar pair. The reflex of the *cremaster*, which is determined by tickling the internal portion of the thigh, and which is especially appreciable in young subjects, consists in the retraction of the testicle; it follows the first or second lumbar pair. Likewise, the *abdominal, epigastric and interscapular* reflexes, producing contraction of the abdominal muscles, depression of the epigastrium or certain movements of the shoulder blade, would admit of exploring the integrity of the segments of the cord comprised between the eighth and twelfth, the fourth and sixth dorsal pairs, the third dorsal and the sixth cervical. Investigation of the cutaneous reflexes could not have the clinical value which Gowers attributes to it. Their persistence in a segment of the cord doubtless signifies that no serious lesion affects at that level the diastaltic arc—that is to say, the posterior roots, the œsthesodic and cinesodic cells of the posterior and anterior horns, and finally the anterior roots—but it does not imply the integrity of the postero-internal and antero-lateral columns.

Their absence is moreover far from always being a pathological fact, since, save the plantar reflex, the others may, in consequence of an idiosyncracy, be entirely wanting in individuals in perfect health.

II.—It is also more interesting to examine the state of the *tendonous reflexes*, which have above all others preoccupied observers. When an individual in a state of health is seated upon a slightly elevated table, the legs swinging freely,

if one strikes exactly below the patella a sharp blow upon the ligamentum patellæ with the cubital border of the hand, the broad end of the stethoscope, or better still the hammer of Skoda, one immediately sees the percussed leg animated by several consecutive, regular and less and less extended oscillations. Such is the *knee phenomenon (patella reflex) sign of the ligamentum patellæ.*

We may investigate it again by causing the patient to sit down with the legs crossed, or by supporting, with the left hand placed under the hough, the leg which the right hand percusses. But it is then more difficult to obtain the complete relaxation of the muscles, which is the condition necessary to the correct interpretation of the phenomenon. The patella reflex is a physiological fact, since, according to the statistics of O. Berger, it is not wanting twice in a hundred among healthy subjects ; it is constantly found, and even in a more pronounced manner, in the new-born (Eulenburg). It is the most readily observed of the tendonous reflexes ; but we may also, in subjects with a developed spinal reflectivity, obtain the *elbow reflex* in percussing the tendon of the triceps brachialis above the olecranon, and the *reflexes of the wrist* by percussion of the flexor and extensor tendons. The *reflex of the foot* is found by percussing the tendo-achillis.

As soon as these facts were known they became the object of two antagonistic explanations. Whilst Westphal saw therein the direct influence of percussion upon muscular and tendonous fibre, Charcot and Erb considered them as veritable reflex actions. Finally, a mixed opinion has limited the role of the spinal cord to the property of exaggerating a kind of special excitability, the tendonous excitability (Waller).

We cannot enter here upon an examination of the numerous and ingenious experimental researches which have been instituted by the adherents of each theory. We will refer only to the following :

Let a fold be made in the skin which covers the ligamentum patellæ ; let this cutaneous fold be struck, let it be irritated in any manner whatever, there is not a trace of reflex action. Section of the crural nerve, that of the posterior lumbar roots, abolishes the rotulian reflex, and not the idio-muscular contraction (Schultz and Furbringer, Tschiriew).

Measurement, by aid of graphic apparatus, of the interval passed between the percussion of the tendon and the contraction of the muscle indicates for the production of tendonous reflex a shorter duratian than for the cutaneous reflexes (Burkhardt), but longer than for the idio-muscular contraction (Brissaud).

These data suffice us to conclude, with M. Render, " that the tendonous phenomena are evidently the result of reflex actions ; that they have their origin in the aponeurotic nerves (of Sachs and of Tschiriew) situated between the muscle and the tendon, and finally that the tendonous reflex arc is not the same as the cutaneous reflex arc."

Thus, in recent cases of locomotor ataxia the tendonous reflexes are abolished, but the cutaneous reflexes persist ; whence that hypothesis that the cutaneous reflexes pass directly into the grey posterior horn, whilst the tendonous reflexes traverse the postero-external columns, to which the lesion is still limited at the beginning of tabes. In this same affection the idio-muscular contractility is

often exaggerated (Buzzard), whilst it is frequently diminished in cases where the excitability of the tendons is carried to its maximum, in spastic paralysis, for example. An inverse contrast is observed in hysteria, where the cutaneous reflexes may be abolished, whilst the tendonous are exaggerated.

a. The tendonous reflex is *suppressed* in locomotor *ataxia* (Westfield, 1878). In spite of some exceptions, this is a fact general enough to allow us to attribute to it the value of a law, and the masters in nuero-pathology believe themselves authorized to attach great importance to the abolition of the patella reflex in order to establish the early diagnosis of tabes in its preataxic period.

The attacks of myelitis which systematically fall upon the anterior cornua are accompanied by diminution, then suppression of the patella reflex; such are *infantile paralysis*, *subacute anterior poliomyelitis* (Leyden), and, perhaps, *pseudo-hypetrorphic paralysis* (Gowers). In *general paralysis* the reflexes are wanting, when to the cerebral symptoms are added spinal pains and weakening of the limbs, indicating the participation of the cord in the meningo-encephalic process, they persist in paralytics who present only cerebral symptoms (Joffroy). Spinal reflectivity is in general so much the more marked as the cord is subjected to the moderating influence of the brain. It is a fact verified in the new-born whose cerebral life is almost null; in sleeping children (Rosenbach). Byrom-Bramwell has also formulated a sort of law concerning the state of the tendonous reflex in diseases of the spinal cord. The latter is wanting when the regions of the cord corresponding to the second, third and fourth lumbar nerves are injured; it is exaggerated, on the contrary, every time that the lumbar portion of the cord, still intact, is separated from the upper portions and from the neck, when there exist primitive or secondary lesions of the lateral columns, or an exaggerated sensibility of the grey substance of the cord.

b. The tendonous reflexes are *exaggerated* in *multiple sclerosis.* MM. Vulpian and Charcot have observed therein for the first time the *clonus réflexe du pied* or *epileptoid trepidation*, *spinal epilepsy*, a phenomenon identical in its nature with the other tendonous reflexes, of which it is only the pathological exaggeration. But let a plague of sclerosis come to invade the posterior lumbar roots, the continuity of the reflex arc will be broken, and the reflex of the foot may disappear.

Exaltation of the tendonous reflexes characterizes spasmodic dorsal tabes or spastic paralysis of Erb. Spinal reflex action is so lively in this disease that, in consequence of reflex irradiations, a slight percussion of the tendon is followed by brisk contractions, not only of the corresponding leg, but of the opposite limb. It is also observed in *lateral amyotrophic sclerosis*, and the cases of myelitis by compression (*pachymeningitis*, *Pott's disease*, *etc.*), in which the lateral columns are degenerated.

It is also in consequence of the degeneration of the lateral columns, and the exaggeration of the tendonous reflexes, that in-hemiplegic subjects with contractures is produced the epileptoid trembling of the upper extremity, first pointed out by M. Bouchard, in 1866, and so well studied by M. Brissaud in his thesis. ("Recherches sur la Contracture Permanente des Hemiplégiques, 1880"). In them the time of the reflex movement is shorter by from five to ten-thousandth of a second on the paralyzed side than on the sound side, and the contraction

consecutive to the percussion of the tendon more intense than in the normal state. This hyperexcitability of the medullary centres of the diseased side is even the predisposing cause of contracture in the hemiplegic patients, and the excitations proceeding from the sound side are the occasional cause of it (Michael Lion).

It is also important, from a practical point of view, to examine into the state of the tendonous reflexes in hemiplegic subjects, the exaltation of which will enable us to foresee the apparition of secondary contractures.

We can likewise predict the appearance of contractures in hysterical paralysis. We see, as we have said above, in hysteria the coincident anæsthesia which induces the loss of the cutaneous reflexes with exaltation of the tendenous reflexes.

M. Strauss has often seen the tendenous reflexes exaggerated in chorea ("Thèse de Petitclerc, 1880").

The study of the tendenous reflexes in *typhoid fever*, carefully made by MM. Ballet and Pluyaud, seems to show that there is hyperexcitability of the cord in a very large majority of cases, without enabling us yet to know whether this exaggerated reflectivity belongs to the direct action of the typhus poison upon the cord, to the long duration of the febrile process, or to the anæmia which is the consequence of it.

III.—The examination of the *visceral reflexes* may be utilized clinically, according to Gowers and Byrom-Bramwell, especially as to what concerns the state of the bladder and rectum. These authors lay great stress upon the fact that the sphincters are subjected to centres of tonicity situated in the medullary segments which correspond to the sacral nerves. The action of these tonic centres may be suspended, inhibited, as M. Brown-Séquard says, by the will, a cerebral act, the fibres of inhibition coming probably from the encephalon by the lateral columns. But Gowers admits that the inhibition of the centres of tonicity may also be brought into action by a reflex having as a point of departure the sensitive excitation of the vesical or rectal mucous membrane. We understand, then, how the examination of the vesical and rectal reflexes, that is to say, of the troubles arising in the performance of the functions of the bladder and rectum (incontinence or retention), may give us information as to the state of the lower part of the cord.

The *genital reflex*, by its abolition or its exaltation, would also explain the agenisea or the priapism which is always carefully investigated in affections of the cord; it might have its centre in the same segments as the vesical and rectal reflexes.

On the other hand, examination of a sensorial reflex, the *pupillary reflex*, informs us as to the upper portions of the medullary axis, for the cilio-spinal centre is located in the two last cervical segments and the first two dorsal; it is thence that start the sympathetic fibres which are distributed to the radiating fibres of muscle of the iris; their irritation would produce mydriasis, and myosis would be the consequence of their destruction.

But, more frequently, pupillary modification indicates to us a central lesion. Thus, the loss of the pupillary reflex under the influence of light, a nearly con-

stant symptom in ataxia, has been attributed to a lesion seated in the neighborhood of the tubercula quadrigemina.

M. Parrol, whose recent loss we deplore, has made known that, in children, in certain morbid conditions, if one sharply pinches the skin of a very sensitive region, of the epigastrium for example, the pupil is immediately seen to dilate in such a manner as to attain a diameter double or triple the natural size. This fact is observed in tubercular meningitis, hæmorrhage of the pia mater, and sometimes in chronic hydrocephalus. M. Parrol also believed that we might conclude "that a child, attacked or not with convulsions, who is in a state of coma, and whose pupils do not dilate under the influence of the pinching of the skin, is not attacked either with meningitis or hæmorrhage of the pia mater; that he is under the influence of an advanced asphyxia, and that its death is imminent."

To sum up, if we consider the services which the investigation of the reflexes has rendered and can render to clinical teaching, we could not, without injustice, deny the very real interest which attaches to their study. We are tempted, however, to defend ourselves a little against the enthusiasm which has dictated this phrase of Westphal: "In striking the ligamentum patellæ we will succeed in recognizing certain lesions of the cord with a nicety, a precision, I will say almost an elegance, unknown until the present time."

PAUL LE GENDRE.

ORIGINAL ABSTRACTS.

(BY J. G. KIERNAN, M.D., CHICAGO, ILL.)

INFLUENCE OF ACUTE DISEASE ON INSANITY.—Dr. Kiernan *(Detroit Lancet,* July, 1883,) cites the following instances in which acute disease favorably influenced insanity. Savage had under observation a melancholiac who permanently recovered after an acute attack of peritonitis. Dr. Fritsch reports lypemaniacs who recovered after being attacked by a delirium resulting from erysipelas. The first patient had markedly depressing delusions but no hallucinations. The second patient had both hallucinations of hearing voices through a telephone and depressing delusions. The second case seemed to have systematized hallucinations, and, although Fritsch says she was cured, she continued to be "nervous." It is probable that this was a case of monomania, and the supposed recovery a remission due to the erysipelas. He also reports a case of paretic dementia markedly improved by erysipelas. Similar cases are reported by Esquirol, Nasse, Holler, Macleod, Savage and Sponholtz. Niepce has observed an idiot suffering from hydrophobia who gave evidence of his remembrance of things of which, at the time of their occurrence, he had been apparently oblivious. S. Tuke has had under observation an old dement who became rational during the excited period of typhus fever, but sank into her usual condition on recovery. Gaye has found that the same fever exerted a beneficial influence on two cases of acute mania and two cases of lypemania. Drs. C. M. Campbell and De Montegel found that typhoid fever favorably influenced one-third the cases attacked by it, and similar cases are cited by Griesinger. Sponholtz has noticed that measles exerted a favorable influence on insanity. Fabre

found that several patients improved on being attacked by icterus, and that one recovered. Dr. Kiernan has seen four cases in which improvement followed upon an attack of acute pneumonia. Langlois has reported a similar case. The improvement in all five cases began during the hyperpyrexia. In two cases acute nephritis apparently initiated recovery from lypemania. A lypemaniac attacked by acute dysentery was very rational during the continuance of the disease, but relapsed into his usual condition on recovery from the dysentery. A similar case is reported by Dr. Stedman.

Unilateral Albuminuric Retinitis in a Man with One Kidney.—Yvert (*Rec. d'Ophtal.*, March, 1883) reports the case of a Spaniard, aged 43, who had most subjective and objective symptoms of parenchymatous nephritis, in whom the right eye remained absolutely intact throughout the entire course of the disease. In the left eye there were the usual yellowish-white masses of retinal exudation, beneath the vessels in the region of the macula, and between the latter and the disc. There was numerous punctate hæmorrhages, and some larger extravasations. Vision was not much affected when the patient first came under observation, but subsequently was almost entirely lost. After the patient had been under treatment about six weeks vision improved almost to the normal standard, and there was a considerable diminution of the retinal exudation. The patient subsequently, however, grew very much worse, the vision was again nearly lost, and the patient died in about ten weeks from the time that he first came under observation. At the autopsy there was not a trace of the right kidney, artery, vein, or ureter to be found, though a normal-sized right suprarenal capsule was in its accustomed place. The place ordinarily filled by the kidney was occupied by a portion of the enormously hypertrophied right lobe of the liver. The left kidney was in its normal position, was considerably hypertrophied, and presented the characteristics of the large white, parenchymatous nephritis.

Changes of Quinine and Strychnine in the Body.—Kerner (*Archiv. der Pharm.*) found that, when quinine is taken internally, a portion of it reappears in the urine, partly unaltered and partly amorphous, but behaving otherwise entirely like the original base, still possessing antipyretic and antiseptic properties, having a bitter taste and answering to the well-known reactions for quinine. Another portion appears in the urine as an altered substance—dihydroxl-quinine. This differs from quinine; for instance, it can form soluble compounds with alkalies, and can be again separated from these by acid; it possesses neither antipyretic nor antiseptic effects, and has no bitter taste, yet it furnishes the thalleioquine reaction, just like quinine. Kerner also showed that the same decomposition product is furnished by oxidizing quinine with permanganate of potassium. Plugge confined himself to the study of the eventual products of the oxidation of strychnine by permanganate. A body was thus obtained which had lost many of the properties of the original alkaloid—not being poisonous. These results were independently arrived at by Hauriot (*Comptes Rendus*), who followed much the same procedures.

Ptosis.—Wecker (*Ann. d'Oc.*, July-Aug, 1883) has devised a new operation for the relief of ptosis. He dissects up an oval flap of skin and orbicular muscle for a space of four or five millimetres in length along the free border of the lid. He then passes a suture through the skin above the eyebrow, about the width of the finger, above the superior orbital margin, beneath the skin and muscular tissue, and brings it out at the upper part of the wound, beneath the divided orbicular muscle. He then introduces the needle again beneath the orbicular muscle, near the inferior margin of the wound, and brings it out through

the middle of the bridge of skin just above the ciliary margin. Then, making a bridge of five or six millimetres along the ciliary border of the lid, he passes the needle and suture in a reverse direction, and brings it out just above the eyebrow. A second suture is introduced, like the first, at a centimetre from it. Slight traction suffices to completely close the wound, and the two ends of each suture are then tied over a little roll of kid. The results have been very satisfactory.

Cysticercus Cerebri in a One-year-old Child.—Dr. O. Saltman (*Central. fur die Med. Wiss.*, March 12, 1883) reports the following case: A one-year-old child was seized with vomiting, convulsions and squinting, and suddenly died. The post-mortem examination revealed a rickety state of the osseous system. In the middle of the grey substance of the gyrus fornicatus was found a tumor of the size of a pea (a cysticercus); one also in the left corpus dentatum, and two smaller tumors in the cortex of the left posterior lobe on its under surface, near the fissura calcarina. No tæniæ were found in the intestines. Only one such case at so early an age is on record. Fleischmann records a case of cysticercus of the brain in a child aged two years.

Ergot as Preventive of the Head Symptoms of Salicylic Acid.—Schilling (*Allgemeine Med. Central Zeitung*, March 21, 1883) states that ergot, in the proportion of one to ten of salicylic acid, prevents the deafness and other head symptoms of the latter drug, or of quinine, without interfering with anti-febrile action.

Ethyl Bromide in Whooping-Cough.—Dr. W. Squire (*Lancet*) finds that one-half to two ounces of a one to two hundred aqueous solution of ethyl bromide gives good results in whooping-cough and cramps.

Medicated Tracheal Injections.—Dr. Bergeron has recently discussed the subject of medicated injections into the trachea (*Lyons Médical*, October 7, 1883). The injection of medicated fluids into the respiratory passages below the larynx is very well borne by cows, horses and dogs, causing only very slight functional trouble. It is possible to inject in this way in man a solution of morphia citrate, if the needle be protected during introduction by a trochar so that the canula shall not be plugged in traversing the tissues. This should be practised while the patient is lying down so as to avoid syncope. Bergeron has made twenty-five injections in thirty-five days, with calming effect in a phthisical patient.

Strychnia Sulphate in Labor.—Dr. Emile Déghilage (*Lyons Médical*, October 7, 1883) employs strychnine instead of ergot in dystocia due to uterine inertia. He considers it more efficacious in such cases than ergot. A granule containing about 1-200 grain is given every ten minutes.

Examinations of the Female Genitals.—Dr. W. H. Byford (*Western Lancet*, November, 1883) concludes. 1st. The sometimes terrible effects of examinations or operations in the pelvis do not often, if ever, take place when there is not a perceptible predisposing inflammation. 2d. The inflammation may be so light as to be easily overlooked. 3d. It may be an original condition, the sequence of an acute attack long gone by, or it may be the product of some immediately previous examination or operation, the effects of which have not subsided. 4th. To avoid the dangers of acute inflammation we should, in making a first examination for pelvic disease, conduct it in such a way as not to give the patient much pain, and, when she complains of much pain and suffering, desist, at the sacrifice of complete diagnosis. 5th. Complaints of much tender-

ness to the touch, or the use of instruments, especially in parous women, is sufficiently diagnostic of inflammation upon which to base treatment for that condition. 6th. If, with such tenderness, a thorough examination or operation is imperative, it should be done under profound anæsthesia. There is no question in my mind that much less danger of ill effects is incurred in making examinations or operations on susceptible subjects under the free use of anæsthetics. 7th. Examinations or operations should not be repeated until the effects of the first have entirely passed off. 8th. As chronic parametritis is a frequent complication of most of the morbid conditions of the uterus, it should always be suspected, and its diagnosis be carefully considered in all cases of metritis. 9th. When chronic parametritis is present it should be the chief, if not exclusive, object of treatment until removed. 10th. It is not safe to use the sound, sponge tent, or intra-uterine stem, when there is perimetric inflammation. 11th. It is especially dangerous to replace a displaced uterus when it is bound down by inflammatory adhesions, by any means which will overcome its fixedness by force. 12th. All local treatment of the uterus must be conducted with the greatest care in all cases where the complication is present.

Scraping in Rectal Cancer.—Dr. Crawford Renton reports a case of rectal cancer (*Glasgow Medical Journal*, Sept., 1883) where scraping was resorted to, and now, for a period of thirteen months, the patient has experienced great relief. The bleeding was easily controlled by finely-powdered matico. It would be well in suitable cases, where the growths are villous in character, to scrape before resorting to the much more serious operation of excision.

Obscure Origin of Syphilis.—It sometimas happens that men become (*Medical and Surgical Reporter*) infected with syphilis, when it is extremely difficult to find out how it has occurred, since no lesions can be found about the vulva of the suspected woman. Dr. Bell has probably struck the keynote in what he says (*Canada Med. and Surg. Jour.*, October, 1883) about uterine chancres, and that, owing to the great frequency of the occurrence of simple erosions of the os uteri, many infecting syphilitic lesions are probably overlooked, and that in this way might be explained many of the obscure cases of syphilis in which no history could be obtained of primary sore. The suggestion is not new but is worthy of attention.

Chloroform Narcosis during Sleep.—Dr. A. W. Hurd, House Physician to Almshouse Hospital, Blackwell's Island, says (*Medical Record*, Dec. 1, 1883): "The recent adverse testimony in the 'chloroform narcosis during sleep' question leads me to report a case under my observation. As one affirmative case has much more weight than a number of negative ones, I think this will prove of interest, especially as there can be no doubt of the completeness of the anæsthesia in this instance. October 5th, a man seventy years of age, a coalheaver by occupation, was admitted to the hospital with severe contusion of left forearm and elbow, and a subclavicular dislocation of humerus. He appeared partially demented, gave a very indefinite history of his injury, and resented vigorously any attempts either at examination or reduction. So violent was he that it was decided to induce anæsthesia during sleep, if possible, and attempt reduction. About two hours after falling asleep in the evening, chloroform was administered on a handkerchief held about ten inches from his face at first. He breathed quietly, and made not the slightest sign of disturbance. The handkerchief was brought gradually nearer, and when he seemed fairly unconscious ether was substituted for the chloroform. The change did not disturb him, except to cause a slight alteration in the rhythm of his breathing for a moment. With the assistance of Drs. Herrick and Winstock the dislocation was then reduced,

but with difficulty, the examination revealing the presence of numerous adhesions. The dislocation was evidently of older date than the contusion. The manipulation required at least fifteen minutes, and rotation was resorted to to break up the adhesions—the dislocation finally being reduced. The patient came out from the influence of the ether in about ten minutes. The completeness of the anæsthesia is unquestionable, as the manipulations were such as would be very painful to a conscious person. The ease with which the anæsthesia was obtained, and the thoroughness of the test of its genuineness seem worthy of note as opposed to the number of unsuccessful cases recently published, accompanied by a criticism that the tests ordinarily employed were insufficient."

The Fundus Oculi in Hepatic Disease.—Litten *(Zeitschr. f. klinische Med., Band* v., *Heft* 1*)* has found that: 1. In all the various diseases of the liver which are complicated with icterus, retinal hæmorrhages not infrequently occur, and must be regarded as symptomatic of other widely-extended hæmorrhagic processes occurring in many internal organs. These hæmorrhages are by no means always of evil omen, for they occur in comparatively harmless form of catarrhal hepatic inflammation whenever complicated with icterus. With the latter they stand in close connection. 2. In one case of acute hepatic atrophy from phosphorus poisoning, besides fresh retinal hæmorrhages, Litten observed multiple white spots, which proved, on microscopic examination, to be fatty degeneration, which were mainly situated in the granule layer, and contained numerous granular bodies and tufts of tyrosin. The capillaries had also undergone fatty degeneration. 3. In two cases of atrophic hepatic cirrhosis he observed pigmentary degeneration of the retina, which in one case developed long after hepatic disease had existed, while in the other it preceded it by a year. In both cases there was marked concentric limitation of the field, with good central vision and general diminution of the visual power under diminished illumination. 4. Hemeralopia sometimes occurs during the existence of a hypertrophic or an atrophic hepatic cirrhosis, without demonstrable organic retinal change. 5. By ligation the optic nerve, as near as possible to the eyeball, it is possible to produce in the retina processes similar to those Berlin produced by division of the optic nerve, and similar also to those seen in retinitis pigmentosa; atrophy of the retinal cellular elements, absorption of the epithelial layer pigment and wandering of the same into the innermost retinal layers. On the other hand, connective tissue hyperplasia observed in pigmentary degeneration of the human eye was almost entirely wanting. 6. Immediately after puncture in marked ascites, a neuro-retinitis with slight papillary swelling was developed, with exudation into its tissue and around the vessels. Litten believes this was caused by the rapid alteration of hydrostatic pressure, in consequence of the rapid withdrawals of sixteen litres of fluid.

Division of the Meatus Urinarius in Locomotor Ataxia.—Dr. F. N. Otis, related the following case before the New York Medical and Surgical Society (*New York Medical Journal*, October 20, 1883): Two years ago a gentleman from the country consulted him with regard to incontinence of urine and some loss of motor power in the lower extremities. He was requested to see Dr. Seguin, who gave a somewhat elaborate written opinion of his condition, pronouncing it undoubted locomotor ataxia, and giving a very unfavorable prognosis. He recommended the administration of large and increasing doses of ergot, and, if convenient, a course of treatment by the galvanic cautery. Dr. Otis recognized contraction of the meatus urinarius, and divided it, with the effect of producing almost immediate relief from the urinary symptoms. There was no history of syphilis, but, having recently read an article on locomotor ataxia, in which the iodide of potassium was highly recommended in the treat-

ment, he administered the drug, and within a short time the man began to show decided improvement in the motor symptoms, and was at present almost perfectly well, and able to attend to his business as a gentleman farmer. Dr. Otis remarked that he had never failed in such cases to produce benefit by the division of the strictured meatus if it existed. It is obvious that Dr. Otis ignores the possibility of remissions which are by no means infrequent in locomotor ataxia.

Albuminuria.—Semmola, Naples (*Progrès Médical*, June 9, 1883), regards Bright's disease as not essentially renal, but as consisting in a general morbid alteration of nutrition; albumen in such cases is not only passed by the urine, but by all secretory organs. This alteration deprives the albuminoid materials of the blood of their power of being assimilated, and so causes their excretion by the emunctories. The renal lesions are due to mechanical irritation of the tubules of the kidney by the constant passage of albumen through them. Albuminuria is therefore a cause, not a result, of renal disease. Semmola injected into the blood-vessels various substances containing albumen, as white of egg, milk, and blood-serum, with the result of inducing artificial Bright's disease. White of egg was most active in this way. He has therefore concluded that the more nearly albuminoids approach the characters of serum-albumen, the less likely they are to injure the kidneys by irritation, and *vice versa*. This view is not new, and is as *doctrinaire* as the one it is intended to supplant. Both views are partially right.

Human Lachrymal Gland Secretion.—Magaard (*Arch. f. path. Anat. u. Physiol. u. f. klin. Med.*, B. lxxxix.) has investigated the secretion of the lachrymal gland in man. He found that: 1. The lachrymal secretion is very variable in quantity, from various psychical and other causes. 2. By careful calculation, it was estimated that both lachrymal glands secrete in twenty-four hours 6.4 grammes of fluid. 3. Atropine diminishes the secretion in time. 4. Eserine annuls the action of atropine, and in a short time increases the secretion. 5. Irritation of the sympathetic nerve in the neck by the faradaic current seems to accelerate the secretion. 6. The secretion coagulates by heat, and contains albumen and the chlorides, but no phosphates.

Treatment of Scrofulides in Children.—Sabatier (*Journal of Cutaneous and Ven. Dis.*) concludes that: 1. The best mode of treating scrofulides of children is by scraping, followed by the thermo-cautery. Scraping removes the diseased tissue, and cauterization completes the work by destroying the pathological elements which have survived the former process, and by setting up a benign and reparative inflammation. 2. After every operation for scrofulide of the limbs, an air-tight dressing with strips of diachylon plaster will be found of great advantage by repressing the tendency to exuberant granulations. The sore heals more rapidly, and the resulting cicatrix is thinner and more flexible than when the usual bandages are employed. 3. This kind of dressing, however, is almost impossible of application on the face and neck. 4. Local treatment of a scrofulide should always be resorted to in aid of constitutional measures. Only the former will avail to arrest a suppurating process which has lasted for several years. Without local treatment, too, the patient is liable to be more or less disfigured by the cicatricial keloids which will inevitably be produced. It is in cases of tuberculous scrofulide, against which the best-directed constitutional treatment is generally powerless, that local measures are of the greatest utility. By destroying the tubercles at the outset of their development the progress of the evil is effectually checked.

Corneal Opacities.—The following collyrium is recommended (*Medical and Surgical Reporter*) by Michel, in the treatment of corneal opacities: ℞. Cadmium sulphate, 5 centigrams; mucilag. acaciæ, 10 grams. M. The opaque spot is touched twice or thrice daily with a camel-hair brush wet in this solution. The application is painful at first, but as soon as it ceases to become so the proportion of sulphate may be increased. When the opacity is of recent origin a favorable effect is rapidly obtained; when it is of old date the treatment must be persisted in for a longer period.

Melancholia from Medulla and Spinal Cord Disease.—Melancholia is recognized as being among the vaso-motor disturbances of locomotor ataxia. Schuele (*Irrenfreund*, No. 2, 1883) describes a case in which at various times there occurred cardiac palpitation, irregular cardiac action, abuminuria, glycosuria, and neuralgia. The patient was a marked case of agitated melancholia, and showed the anxious excitement of that psychosis. Schuele inclined to the opinion that the case was not of primary cerebral origin, but the secondary result of a medullo-spinal affection. The patient recovered.

Convulsions from Oil of Tansy.—Dr. J. W. Grace, Hunt, Ark. (*Southern Practitioner*, August, 1883), was called to see a patient who was having convulsions so rapidly he could not get her to swallow anything, so he administered chloroform by inhalation, which immediately relieved the spasms. He then gave an emetic, which brought up a quantity of tansy oil. He afterward learned she had taken about one ounce of the drug. He prescribed chloral hydrate and potash bromide every two hours to prevent the return of convulsions. On the following evening the patient showed symptoms of gastritis, which rapidly gave way under teaspoonful doses of listerine every four hours. The patient did well, and made a rapid recovery. The poison was taken to bring on an abortion.

Calcium Sulphide in Aural Disease.—Bacon (*Arch. of Otology*, xii., 2) has used the calcium sulphide in acute otitis media with great advantage. In several cases, where the membrana tympani was highly congested and bulging, the inflammation subsided under its use of this remedy, and he believes that if given sufficiently early in the disease it will prevent the formation of many cases. Its most decided action seems to be in those cases in which the discharge has already commenced, as well as in cases of furuncles in the external auditory canal, where it will either arrest the inflammation and cause the boil to dry up, or it will promote suppuration and cut short the disease. The pain so frequent in these diseases, even when the periosteum is involved, is often relieved at once. In diffuse inflammation of the external auditory canal, and in mastoid disease, whether affecting the pneumatic cells or the periosteum and tissues externally, great benefit will be obtained from its use.

Fibrous Polypus Simulating Uterine Inversion.—Dr. Mundé (*New York Medical Journal*, December 11, 1883) had removed a polypus in a case in which difficulty had been met with in the diagnosis, owing to the tumor having contracted adhesions to the cervical canal on all sides. It was only when the patient was anæsthetized and actually on the operating table that he had been able to feel the body of the uterus, which was very small.

Severe Hæmorrhage after First Coitus.—Dr. Mundé (*New York Medical Journal*, August 25, 1883) reports the case of a twenty-two-year-old girl, whom he found pallid and anæmic from the loss of blood. She had been married the

night before, and but a single connection had taken place. It was not attended by severe pain nor by immediate hæmorrhage, but some hours afterward she observed bleeding from the vagina, and sent for a physician, who gave ergot, but without benefit. He made no examination. Then another physician put ice into the vagina, but also without stopping the hæmorrhage. Dr. Mundé examined the hymen for the source of the bleeding, but found that it came from a point higher up. Introducing a Sims' speculum, the vagina was seen to be ruptured on the right side for a distance of about two inches and a half, extending from one inch above the intestines up into the right fornix. The uterus was retroverted. He assumed that there was a disproportion between the male and the female organ. The bleeding was checked by firm tamponade with cotton.

Lobelia Inflata in Thoracic Troubles.—M. Fourrier (*Lyons Médical*, July 15, 1883) recommends tincture of lobelia in dyspnœa due to mitral lesions and dilatation of the right heart, in pulmonary congestion, and in the third stage of phthisis. In catarrhal asthma a mixture, each dose of which contains one gram and a half of tincture of lobelia and half a gram potassium iodide is said to be very often useful. Lobeline is a sirupy, non-crystallizable alkaloid. Lobelia has long been used in such conditions in the United States.

Precipitates in Mixtures of Different Tinctures.—Vigier (*Gazette Hebdomadaire de Médecine et de Chirurgie*, July 13, 1883) calls attention to the precipitates sometimes formed in mixing tinctures. Physicians often prescribe mixtures of different tinctures to be taken by drops. Such mixtures are very often turbid, perhaps because the tinctures which compose them are composed of alcohol of different strengths; perhaps because of some chemical incompatibility in the substances mixed together. Sixty per cent. alcohol, which is nearly half water, dissolves the gummy matters of plants, which are precipitated by stronger alcohol. On the other hand, eighty or ninety per cent. alcohol dissolves the resinous matters, which are precipitated by weaker alcohol. In case a precipitate forms in any given case, the liquid can, of course, be filtered, but it is often not known what remains upon the filter. It is better, therefore, in mixing tinctures, to put together such only as are made with alcohol of the same strength. However, even this precaution will not always prevent formation of precipitates. If equal quantities of the tinctures of calumba, of gentian, of cinchona, and of the bitter tincture of Baumé be mixed together, the resulting compound is turbid. It is found, by combining these tinctures in various ways, that the precipitate results from the reaction of the tinctures of calumba and of cinchona upon each other. The viscous material contained in the tincture of calumba is thrown down by the soluble principles of the cinchona. This precipitation may not destroy the value of the filtered mixture; nevertheless, it is better not to prescribe the two tinctures together. Attention had previously been called to the same subject in the editorial columns of the *Druggist*, 1881, and subsequently in 1883 in the same journal by Prof. J. U. Lloyd.

Disinfecting Apparatus and the Air-Douche.—Lucae (*Arch. f. Ohrenheilk.*, B. xix, 2 and 3) calls attention to the necessity of keeping pure the air to be blown into the middle ear, and thinks that the simplest way to do this is by inserting between the air-bag and its nozzle of exit a capsule filled with salicylated cotton. The nearer the disinfecting apparatus is brought to the ear the more sure the purification of the air. Recently he arranged its introduction into the catheter itself. A silver catheter is made with an arrangement like a Buttles's inhaler near the outer end, which can be unscrewed and its cavity filled with salicylated cotton before introducing the catheter into the nostril.

His catheters and the olive-shaped ends of his inflating apparatus are kept in a carbolic acid solution to avoid possible chances of infection.

Acute Rheumatism and Sudden Dislocations.—It is well known that during the course of acute rheumatism articulations in bad positions suddenly become dislocated without suppuration or bony alteration. Like traumatic dislocations, these can be reduced instantaneously. Verneuil has recently reported seven cases of this type of dislocations. While not wishing to deny that they are due, as is commonly believed, to hydrarthosis, he has never been able to determine its existence. In two cases of knee luxation fluid was absent. The muscular system has some influence; paralysis in groups of muscles; contraction in another. Faulty joint positions should be avoided in rheumatism. The reduction of the dislocation is easy, and the limb soon resumes its normal condition.

Intestinal Peristalsis.—Dr. J. Ott Easton, Pa. (*New York Medical Journal, August* 18, 1883), concludes: That in the optic thalami and crura cerebri are inhibitory centres restraining the intestinal reflexes. 2. That drugs may be divided into intestino-inhibitory and intestino-motor. 3. That morphine and atropine in small doses are intestino-inhibitory agents. 4. That eserine, nicotine, and muscarine are intestino-motor.

Veratrine in Tremor.—M. Féris, of Brest (*Progrès Médical*, July 14, 1883), comes to the conclusion that veratrine controls the tremor of alcoholism, of various neuroses, and of the state following pyrexia. It is to be given in half-milligramme pills, four of which should be taken daily. The action is apparent almost immediately after the first doses are taken. If the remedy is continued for a sufficient length of time, its influence remains for a long period after the use of the drug is suspended. This persistence has been observed for almost two months. The treatment should be continued at least ten days in order to produce permanent results. M. Dubois (*Gazette Hebdomadaire de Médicine et de Chirurgie, July* 27, 1883) says that most of the active principles, administered during the state of alcoholic intoxication, from the time the tremor is of the greatest intensity (the patient having abruptly stopped the alcohol) will, like veratrine, check the tremor.

Unexpected Discovery in a Goblet.—At a gentlemen's dinner party in this city, recently, one of the guests, catering to what some consider a depraved taste for ice-water, was seen to lower his goblet before it touched his lips and peer into its crystal depths through his eye-glasses. "What is this?" he asked, as he agitated the water with his fork. "A little fish, I declare." And, sure enough, there was a "wee bit" of a fish, too small to be seen easily with the naked eye, but plainly visible through strong eye-glasses, and lively enough for drinking purposes. Stir him up and he would dart swiftly through the water and lose himself behind the ice. The cause of temperance suffered by the incident, as Trout Brook water was at a discount after this discovery.—*Hartford (Conn.) Times.*

A communication to the Academy of Science, Paris, demonstrates the passage of the bacilli of charbon from the blood of an affected animal into the secretion of milk. The authors, MM. Chambrelent and Moussons, state that the number of bacilli in the milk of the diseased animals is always much smaller than that which can be discovered in the blood, and may even be reduced to zero.

LECTURES.

CLINICAL LECTURE IN GYNÆCOLOGY. Delivered at the College of Physicians and Surgeons, New York. By T. GAILLARD THOMAS, M.D., Clinical Professor of Diseases of Women. Reported by H. H. SEELYE, M.D.

THE CAUSES AND TREATMENT OF ABORTION. PERSISTENT STERILITY.

GENTLEMEN: The first patient this afternoon is Mrs. E. C., twenty-two years of age, and a native of the United States. She has been married three years, and has had no children, but has had three miscarriages.

I ask her how long she has been sick, and she replies that she has never been sick; and, as you look at her, you will believe her statement, for she has a strong and healthy appearance. So I ask her next why she has come here to see us, and she answers, because she is anxious to bear children; and, though she has been pregnant three times, she has had a miscarriage every time. She passed two years of her married life without becoming pregnant at all, and then she became so, but had a miscarriage at the end of three months. She knows of no cause for this miscarriage. In her second pregnancy she miscarried a little short of three months, but without any known cause. She became pregnant a third time, and again miscarried at about the same period as before. At none of these times does she remember to have had a fall, or to have made any violent effort, or any slip or misstep, or to have had any sudden fright, or anything else which she could assign as a cause of her miscarriages. All three of them have taken place within the past year. She complains now of no headache, or backache, or any other pain, and she walks easily and seems to be in perfect health.

Now, I show this case to you not because it is a remarkable one, for you will hear such a story as this over and over again, but because I like to show you here, not cases that are rare and such as you will seldom see elsewhere, but rather cases that are types of classes of such mild conditions as you will often meet with, but which will cause you much trouble.

The history you have just heard here is one that you will hear repeated by patients again and again till you get sick of hearing it, and a patient will come back to you eight, ten, or twelve or more times, perhaps, complaining of repeated miscarriages every time, and appealing to you to help her, and, if you fail in your efforts, apparently holding you responsible for her misfortune. And let me tell you here that among the nineteenth-century women there are two classes—one, those who desire, above all things, to become pregnant and bear children; and the other, those who are anxious, above all, not to bear children. Now, this woman is thoroughly unhappy because of her sterility, and she is

exceedingly anxious to bear children. Now, forget for a moment where you are, and let us suppose that your patient is a lady of a great deal of wealth, and the disposition of a large estate, perhaps, depends on her having a child, and you can imagine how unhappy she would be if she had only repeated miscarriages, and how important it would be for you to find o u and, if possible, remove the causes of this mishap. In general, it may be said that miscarriages occurring at the third month are due to one of two causes more than to any others.

But first let me tell you, what you already know, no doubt, that out of one hundred cases of miscarriage more than seventy-five will occur at the end of the third month, and the next largest number at the end of the second month, and the next at the end of the fourth month, and the rest of the number will be scattered about in all the other months. That is to say, that over seventy-five per cent. of all cases of miscarriage occur at the end of the third month of gestation. There are two explanations of this fact. The first reason for it is, that at this time the placenta is just becoming thoroughly formed, while the chorion is disappearing and the manner of the nutrition of the child is changing, and, instead of being localized in the chorion, which receives its blood from the whole intrauterine surface, it is becoming localized in the placenta, which draws its nutrition from a limited surface of the uterus; and, as the chorion degenerates and the placenta is forming and attaching itself more intimately to the uterine walls, the changing from the chorionic to the placental nutrition of the fœtus is marked by a strong tendency to miscarriage. In the second place, you know that at the end of the third month the uterus is becoming so large that it is just beginning to rise out of the pelvis, and at this time, as the body of the uterus rises above the brim, if its supports happen to be a little weak, it is very apt to turn over on itself either to one side, or forward, or backward; and by this means the nutrition of the fœtus is deranged, and hence this is a very frequent cause of miscarriage at this time.

Now, we will go back to the point at which I digressed, and where I was saying that there are two great causes, not to mention the numerous possible causes, of habitual abortion in certain women. 1. A posterior displacement of the uterus which interferes with the proper development of the organ. 2. Syphilis. These are the two main causes; but now I will give you some of the others, merely in order to impress these two on your memories. You will sometimes find in a woman who has previously borne children that a slight single unilateral laceration of the cervix will become very irritable during pregnancy, and the reflex irritation thus caused will set up uterine contractions and bring about the expulsion of the fœtus; and this will cause, perhaps, three or four abortions in the course of a year. Again, large granules will form on the cervix of some women every time they become pregnant, and these will set up enough irritation to cause an abortion. These granules sometimes resemble an epithelioma in appearance, and they

are frequently mistaken for this by inexperienced physicians; but that they are not such is shown by the fact of their disappearance after every abortion. Again, mere accidental causes will produce a miscarriage in some very nervous women, and these are commonly spoken of as women who "habitually abort." But this term is too frequently applied where the physician has overlooked the true cause, and it is therefore usually only a cloak for his ignorance. Some time ago I had my attention called to a peculiar case of abortion from purely nervous influences as a first cause. The patient was a lady near the fourth month of pregnancy, who was travelling in the railroad cars with her husband. As the engine drew the cars suddenly into a dark tunnel, the roar of the train, multiplied by the echoes of the walls of the tunnel, awoke her from a sound sleep; the noise and the darkness made her believe that an accident had happened, she became greatly frightened, very soon after labor pains came on, by the time she had reached the end of her journey the uterus was contracting violently, and soon after arriving home she aborted. I was fortunate enough to preserve the placenta, and, upon examining it, I found that she had had a small placental apoplexy, and a clot of blood of the size of a walnut had formed and separated the placenta from the uterine wall, and from this focus an irritation had spread till it brought on uterine contractions, which ended in an abortion.

So, also, it may be caused by a woman's measuring the height of a chair with her eye, and then unexpectedly sitting down to find it three or four inches lower than she had supposed it to be, the sudden jerk being sufficient to bring on uterine contractions. Instances are on record where such a simple matter as blowing out, instead of snuffing out, a candle, by reason of the disagreeable odor of the smoke, has caused a miscarriage; and I do not doubt that such trivial circumstances will sometimes induce it. These are all exceptional cases, and hardly to be considered. But the rule is that, in the great majority of cases where a woman has repeated miscarriages at the third month, you will find upon examination either a posterior displacement of the uterus, or that there is evidence of constitutional syphilis in the father or mother; or you may find both these conditions.

Now, this woman's husband is not here, so we cannot examine him at present for symptoms of syphilis; but she says he is a healthy man, and has promised to bring him here to our clinic next week, so that we may inquire into his condition for ourselves. I think he will come, for he, as well as she, is anxious to have offspring. So we will have to wait till then to determine whether this cause for the repeated miscarriages exists here.

But there is another cause than this which will account for the miscarriages in this case. When I make a vaginal examination with this woman standing in the erect posture, I find that the uterus is bent backward toward the hollow of the sacrum, so that the greater part of the

organ lies posteriorly to a line drawn perpendicularly down through the centre of her body. You may ask if I think that this slight degree of displacement backward is sufficient to account for these repeated miscarriages; and I reply that I think this is a sufficient cause. Then you may ask: "How do you suppose that this insignificant cause can produce such a result?" It would not as it is now, for that uterus is not badly displaced, but is lying only a little posterior to the central line drawn perpendicularly through the body, and, if it would keep the same position as now, it would be of no account either in a pregnant or non-pregnant woman, and no miscarriage would take place. But I will show you what occurs after pregnancy in such a case as this. At the end of the first month the uterus is slightly enlarged and its increased weight has caused it to bend over on itself still more, and so the posterior displacement is a little greater than before. At the end of two months the displacement is so great that the axis of the uterus forms almost a right angle with the perpendicular line drawn through the centre of the pelvis; but even now there is no interference with utero-gestation, and the pregnancy goes on. At the end of the third month, however, when the body of the uterus has increased so much in size that it fills up the cavity of the pelvis as it lies displaced in the hollow of the sacrum, the uterus tries to rise up out of the pelvis, and the cervix does go up, but it cannot pull the body up after it, because it is held down by the promontory of the sacrum, and only some lucky accident can release it. The rule is, however, that the cervix rises up, but nothing can get the uterine body out of the hollow of the pelvis; and yet, under certain circumstances, the organ will go on developing for four or five months, perhaps, without interference with the nutrition of the fœtus. But usually at the end of the third month the uterus feels the interference with its development, and so it begins to contract, and the cervix opens and labor goes on until the fœtus is expelled. Three months after the woman goes to a doctor, perhaps, and asks him the cause of her miscarriage; and he examines her and finds the cervix all right and the uterus lying in the position I described to you as existing in this case at present, with only a slight posterior displacement, and he is at a loss to account for her misfortune. But the real cause of all was that, at the beginning of pregnancy, the uterus was lying a little posterior to a line running perpendicularly through the centre of the woman's body; and you will almost invariably find that the slightest displacement posterior to this line will cause a miscarriage at the third month. Now, this exists in this woman at present, and it may possibly be the cause of her miscarriages; but before deciding I will examine her husband also. If I find that he has had constitutional syphilis, I will say that I do not know whether this displacement of the uterus is the main cause or not; but I will first remedy the condition I find already existing in the woman, and then I will treat the husband for syphilis, if I find it necessary, and I will try to keep him and the

woman apart for a number of months, until I think he is entirely well and can impregnate his wife without transmitting the disease to the child. Even if I find syphilis in him, I will nevertheless treat the difficulty I find in her at the same time.

After the woman has again become pregnant I would watch her carefully as she advances, and have her come to me every four or five days, or, at the longest, once a week, that I might see if every week of utero-gestation was increasing the displaced condition of the uterus. If, by the end of the second month, I should find it bent farther backward than at the end of the first month, I would place the patient on her side or in the knee-chest position, and, with my fingers, push the uterus over into its proper place, and put in a pessary to keep it in position. Supported in this way, the uterus is able to rise up out of the pelvis as it enlarges, and pregnancy is therefore allowed to go on. If you try this plan of treatment in such cases you will often have reason to feel satisfied with the results.

Let me tell you of a case I treated some twenty-five years ago. A lady came to me who said that she had had twelve miscarriages in succession. I examined her, and found just such a condition as we have in this case. None of the doctors who had previously examined her had discovered the presence of this displacement, because she had gone to them after each miscarriage, when the uterus had returned to its proper position. She was almost insane from these repeated disappointments. So, after she had again become pregnant, she came to me at the end of the third month of gestation, and I easily recognized a decided posterior displacement. To remedy this, I pushed the body of the uterus up above the promontory of the sacrum and put in a pessary to keep it there, and I had her return every two or three weeks so that I might adjust the pessary and see that everything was progressing favorably. She was delivered of a living child at full term, and she went on from that time through four successive pregnancies without having a single miscarriage, and this plan of treatment was carried out each time. Now, I do not say that a single case proves the efficiency of this plan any more than that "one swallow makes a summer." But I have had a whole flock of just such "swallows," and they have abundantly established the effectiveness of this treatment. I am talking now, remember, only of miscarriages occurring at the end of the third month, but they will form 75 to 80 per cent. of all the cases you will meet with. The moment I see a woman who tells me that she aborts regularly at the end of the third month, I am so certain of the cause that I say to myself that she has either a slight or a great displacement of the uterus, or else there is syphilis in the family. So, in case I find no displacement of her uterus, I always look carefully for any signs of syphilis in the husband or in the woman herself. And remember, gentlemen, that syphilis sometimes creeps into the system of a perfectly virtuous woman, and no one knows how it got there. Syphilis certainly develops accidentally sometimes,

and I think it is a mistake for some physicians, who ought to know better, to laugh at the statement of a man who, when asked where he got his syphilis, says that he caught it from a privy, or in some other unusual way. I see nothing to laugh at in such a statement, and it seems to me that the joke is entirely out of place, for I do not see why the disease may not occur from such exposure. I have known of the case of a sewing woman in this city who became infected with a true Hunterian chancre, followed by a secondary eruption, apparently in the following way: she accidentally pricked herself in the breast with a pin which had probably retained upon it syphilitic virus from the hand of the woman in France who had made it, and who had doubtless just been dressing her chancre previously to sticking the pin on the paper to send to this country, where it was destined to infect her innocent sister.

Now a few words in regard to another class of cases besides those which occur regularly at the end of the third month. In this class the mother passes safely through the early months of pregnancy, but at the end of the seventh month, perhaps, she notices that the movements of the child *in utero*, which have previously been vigorous enough, are now becoming more feeble, and the next day they are feebler still, and so on till in a few days they have ceased altogether, but she goes on to full term and then brings forth a dead child. This thing may have been repeated six or eight times before she comes to you to seek for the cause and its cure. If you examine the placenta at the completion of one of these labors you will almost invariably find that it has undergone a fatty degeneration. The only way of preventing this woman from constantly bringing forth still-born children is to tell her to watch carefully during the latter months of pregnancy, and to let you know as soon as she feels that the child's movements are beginning to lose their vigor, and then you should immediately induce labor and bring on a premature delivery. If it is in the seventh month, you may be able to preserve the life of the child, and your success will be more assured if delivery can be postponed till the end of the eight month, or for eight and a half months. But the rule should be, the moment you find the child is in danger of death by reason of the degeneration of the placenta bring on labor.

The next patient is Mrs. A. E., thirty-seven years of age, a native of the United States, who has been married eighteen years, and been sterile all through her married life.

She says that she has been sick for ten years, and she complains chiefly of a tired feeling all over the body, and of general weakness and lassitude, with much pain in the back and neck. She is regular in her monthly periods, but at such times she suffers from pain in the head and breasts. She also has a constant watery-looking, but thick and tenacious, discharge from the vagina. She complains of nothing except a pretty severe cough.

Now, without an examination this is a perfect enigma, gentlemen, and so you will find with many, many cases; and, when a man is so

squeamish that he thinks it a crime to examine a woman unless he suspects some very serious condition, I do not see how he gets on in practice. At one time not long ago, you know, it was generally thought that an unmarried woman ought not to be examined except in very unusual cases ; and I am sorry to say that there are still some who carry out this belief, and thereby make themselves responsible for much misery that might otherwise be relieved if the causes were discovered. I constantly am making such examinations in young women of sixteen and upward, and I never hesitate where I am in doubt as to the cause of any serious difficulty.

This patient is healthy-looking, but she has an appearance of lassitude, and she complains of great pain in the back and a sense of discomfort and weariness, which she dates back as beginning ten years ago. In addition, her sterility is a source of disturbance, together with a profuse leucorrhœa and occasional pain in the head and breast. Now, you might investigate this case, with only the rational signs to help you, for any length of time, without obtaining any light as to the true condition present ; but, when you make a physical examination, a flood of light is thrown over it at once.

This is what such an examination reveals : As the woman lies on her back, on passing my finger up the vagina I find the uterus is thrown over backward, and with one finger on the cervix and the fingers of the other hand pressing down through the anterior abdominal walls, I discover a large tumor lying on the upper side of the uterus, between its fundus and my hand, which appears to be three or four times as big as the uterus itself, rounded in outline, and moving with the uterine body. How could you ever have told what was there without an examination? The man who would prescribe for that woman without making an examination is one of two things. He is either an ignorant or a dishonest man.

Now that we have found out the presence of a hitherto unsuspected tumor here, the question arises : "Is that the diagnosis?" There is the mass which, when carefully examined, would leave some doubt as to its character did we not have a history to aid us which points to a uterine fibroid. But is that the whole diagnosis? By changing the position of the patient so that she lies on her side, and putting in a Sims' speculum, from the cervical orifice could be seen poured out a secretion of thick, tenacious mucus. I passed a small sponge, held in a pair of forceps, up to the cervix and twisted it about, and, on withdrawing it, I could pull this mass of mucus down to the mouth of the vagina, when it broke and sprang back like a piece of India rubber. Then I said this is the immediate cause of the sterility, as such discharge always is when it is found habitually pouring out of the cervical canal. This was doubtless caused by the malposition of the uterus, which, from lying back in the hollow of the sacrum, was kept in a state of chronic congestion, giving rise to a chronic endometritis. Now let us return to the tumor and inquire again

what it may be. The abdominal walls are so thick that I could not map it out accurately, or tell whether there was any fluctuation in it or not. Now, I ask, May this not be an ovarian tumor? As a rule, women with ovarian tumors become greatly exhausted within three years. Yet there are exceptions to this rule. Three months ago I operated at the Woman's Hospital for a tumor which Dr. Sims had, twenty-four years ago, declared to be an ovarian tumor of the size of a cocoanut. When I removed it, it weighed sixty pounds, and the woman got perfectly well after the operation. This tumor had unquestionably been growing for at least twenty-four years. The same week I removed another ovarian tumor that had been growing fifteen years. Fourteen years ago it had been tapped for the first time, and since then this operation had been repeated sixty or seventy times, and finally I removed it after it had been growing for fifteen years. I have frequently removed such tumors after they have been growing for nine or ten years. So this *may* be an ovarian tumor, or it *may* be a fibrous tumor. I should like very much to know which it is. If I should only pass an aspirating needle into it through the vaginal or the abdominal walls, I might easily make the diagnosis; but if I did this you might, with reason, say that I was inexcusably rash, for an immediate decision of the matter is not necessary, and exposing the patient to danger to solve the problem would be unwarrantable. This woman is already thirty-seven years of age, and she will probably stop menstruating in three or four years, and then the tumor may cease growing, and she may live till seventy years of age without suffering any harm from its presence.

I talk about this so fully because I have seen so many bad results come from aspirating merely for the purpose of diagnosis. Even the smallest hypodermic needle has its dangers when used in this way. In case there was any necessity for making an accurate diagnosis, I would not hesitate to use the aspirator; but, where nothing is to be gained by the knowledge thus derived, I would avoid the risk.

Now, I will tell this patient that the best thing for her is to go home and let herself alone. I will prescribe a bitter tonic, to improve her appetite and increase her strength, for she looks quite bloodless, and she has a small, feeble pulse; and, besides, I will put her on the syrup of the hypophosphites. Then I will tell her to wash out her vagina twice a day, so as to remove this secretion which keeps up a constant irritation in the vaginal canal; and that is all she needs. I would do nothing to favor the occurrence of pregnancy, because I think it is a highly desirable thing that she should not become pregnant, on account of the size and situation of this tumor, which would interfere with the proper development of the uterus.

It is a good rule to guide you always, when you are in doubt as to whether you had better risk any doubtful proceeding, to suppose your mother, or sister, or wife in the same position as the patient, and then do for her just what you would for one of them under corresponding

circumstances. Now, I don't think, if this patient were a valued relative, you would plunge an aspirator into that tumor just to determine its character, when you could do nothing more to help her if you knew its true nature. I think there would be fewer accidents if men would remember and follow the rule I have just given you.—*N. Y. Medical Journal.*

SELECTIONS.

SUTURE OF NERVES AFTER DIVISION.—From the "Quarterly Retrospect of Surgery" (*Canada Medical and Surgical Journal*), prepared by FRANCIS J. SHEPHERD, M.D., C.M., M.R.C.S., Eng., Surgeon to the Montreal General Hospital; Professor of Anatomy and Lecturer on Operative and Minor Surgery, McGill University.

All surgeons are agreed as to the propriety of uniting by suture the ends of nerves seen divided in recent wounds, but the suture of divided nerves long after the original wound has healed has not yet been extensively practised. Many cases of successful suture of divided nerves have lately been reported in the various medical journals. Mr. T. Holmes (*Lancet*, June 16, 1883) reports a case of suture of the musculo-spiral nerve five months after its division! The scar of the wound which severed the nerve was on the outer side of the back of the right elbow. Sensation was completely lost in right hand and forearm for a week after the accident, but partly returned after this time. On admission to hospital, the patient could pronate and supinate his forearm, with the elbow flexed, but could not extent the fingers or wrist in the slightest degree, and supination was impossible in the extended position of the forearm. The limb was much wasted. No pain was suffered, but there was a tender spot at the extreme end of the scar, just external to the biceps tendon. Operation was determined upon, and on cutting down, the two ends of the nerve were found without much difficulty. The upper end of the nerve seemed to have retracted, and terminated in a bulb the size of a common pea; the other end was somewhat atrophied. The two ends were more than an inch apart; a little of the lower end of the nerve was taken off to freshen it, and part of the bulb on the upper end removed. The ends were easily approximated and kept in position by catgut and fine silk sutures. The operation was performed antiseptically, and the wound united by first intention. The operation was performed on March 10th, 1881; by March 15th there was some light power of extension returning, and a few days later sensation on the back of the hand was more perfect. The patient then left the hospital, and was not heard of for two years, when he returned to show he had completely recovered—sensation was perfect, and there was no difference in the size of the two arms. The patient said that it was about a year before improvement was very obvious to him, then he began to mend rapidly. Mr. Holmes remarks that to Mr. Wheelhouse we are indebted for having brought this operation prominently before the profession; his great success in uniting a sciatic nerve nine months after its division encouraged surgeons to adopt the operation. The uniting of divided nerves in recent wounds has been largely practised, and with much success; but as in these cases the wound very frequently recovers its function without this procedure, it is impossible to say whether the same results would not have followed had no suture been used; but Mr. Holmes asks: "Is

the case of old injury and persistent loss of function really different? Will the nerves in these cases recover their functions if left to themselves?" That they do in some cases Mr. Holmes thinks is certain, and gives cases to prove it, but, he remarks, such a favorable issue is highly dubious, especially, as in his own case, where the interval between the divided ends is large and the nervous filaments are included in a large bulb. In such a case, any restoration of its anatomical continuity appears hopeless. Statistics as to the results of secondary suture are not of much value, because many cases are reported too soon after the operation, many cases not being greatly benefited till some time has elapsed after the operation, as in Mr. Holmes' case. Tillmanns records 13 cases of secondary suture; of these, Mr. Holmes classes 8 as successful, 3 as dubious, and 2 as failures. Mr. Bowlby, in his Jacksonian prize essay on the *Injuries of Nerves*, records 20 cases, 6 only of which were perfectly successful. With regard to the time after the injury at which the operation should be undertaken, Mr. Holmes says we are not yet in a position to lay down certain rules. If the parts are quiet, and the wound completely healed, there can be no motive in deferring the operation. However, Mr. Jessop operated on the ulnar nerve with partial success nine years after its division. Mr. Holmes lately united the median and ulnar nerves eight days after the accident, and though it would have been better to have waited till all inflammation in the wound had passed over, or even till the wound had entirely united. Mr. Holmes thinks that in suturing the ends of the divided nerve it matters little whether the suture be passed through the thickness of nerve or not, as long as the sutures have a firm hold. He uses catgut ligatures, reinforced with one or two of fine silk or horse hair. No instance has yet been recorded of any harm from the operation—no tetanus or acute neuritis.

Mr. Herbert W. Page (*Brit. Med. Jour.*, June 23rd, 1883) records a case of secondary suture of the ulnar nerve six months after its division. The nerve was divided near the wrist; after the wound healed, the cicatrix was very painful, and the little and ring fingers became bent and useless, so that patient had to carry his hand in a sling. His general health became seriously affected by the constant pain in the wound and its neighborhood. Sensation was very defective, though not entirely absent. At the patient's request, operation was decided upon, and the separated ends of the nerves found with much difficulty. The upper end of the lower portion was imbedded in thick cicatricial tissue, but was not enlarged; the lower end of the upper portion was swollen to about three times its natural size, and ended in a firm bulbous nodule, which was bound in cicatricial tissue. It was necessary to dissect the upper part of the nerve free for about two inches before the two ends could be brought together. They were joined by three fine catgut sutures passed through both sheath and nerve. The wound healed by first intention, and when he left the hospital, some three weeks after the operation, sensation had decidedly improved, the cicatrix was free from pain, and he had some returning power of extension of the last phalanges of little and ring fingers. In a fortnight after patient had made little progress, so he was placed under the care of Mr. De Watteville for treatment by electricity. Electricity was continued for a year by Mr. De Watteville, and, having gained fair use of his hand, he ceased to attend the hospital, but applied the faradic current himself for six months. When last seen he had been at work for several months, and his hand was as useful as ever. Mr. Page attributes his patient's recovery to the steady and long-continued use of electricity to restore the nutrition of the wasted muscles; but might not the same result have been accomplished without it, as in Mr. Holmes' case?

In another similar case, however, of Mr. Page's, operated on at the same time, result was not so fortunate, because the patient, being a nervous, hysterical woman persisted in keeping her hand in a sling, and refused to have electricity applied,

CHEAP AND GOOD FOOD.—T. R. Allison, writing to the London *Times*, says: Allow me to bring under the notice of your readers some experiments I have just concluded to solve the difficulty of feeding our poor in London and elsewhere. The cry is that food is so dear that the poor can scarcely live. This cry is true if they want to live on luxuries, but if they will live on wholesome, but plain and healthy fare, they can do so for very little. A little over a month ago I determined to give up all expensive articles of food and live almost as cheaply as possible. Having left off flesh foods for nearly two years, and lecturing frequently on the question of food, I knew what to select. Looking over my food accounts I found milk, butter, eggs, and cheese, with tea and coffee, were fairly expensive articles, and none of them necessary, so I gave them up for a time to see results. On October 19 I began my experiment; my weight was then 9 stone 8 ounces. I continued this purely vegetarian diet for a month, when my weight was 9 stone 3 pounds 12 ounces, or a gain of 3¼ pounds. My friends said I looked well; I felt well, and did my usual work the same as ever. I walked from 10 to 15 miles daily, seeing patients or taking exercise. Here is an account of my dietary, which cost me little more than sixpence a day, and I could easily live for less without luxuries: Breakfast consisted of a basin of porridge, made from a mixture of oatmeal and wheatmeal, which I found more palatable than either singly. This I usually ate with bread to insure thorough insalivation. Then came bread fried in refined cotton seed oil, or fried vegetable haggis. For drink I had a cup of cocoa or fruit syrup, with warm water and sugar. The cocoa used was an ordinary one with plenty of starch in it, which makes a thick drink, and no milk is then required. Dinner consisted of a thick vegetable soup and bread, potato pie, savory pie, vegetarian pie, vegetable stew, stewed rice and tomatoes, etc. For a second course I had bread plum pudding, stewed rice and fruit, baked sago, tapioca and apples, stewed prunes, figs, raisins, and bread. Tea meal consisted of bread and jam, stewed fruit, or some green stuff, as watercress, celery, tomatoes, etc. I had only three meals a day, and frequently, when very busy, I had only two, and a cup of cocoa and a biscuit for supper. I always use the whole-meal bread, as it is laxative and contains a good deal of nitrogen, which is thrown away with the bran. The cotton seed oil is a cheap and good cooking oil, and is impossible to detect. This diet I continued for a month, and now I only take the animal products when out, not having them at my table.

Now compare this diet with one of flesh or a mixed one. The latest analysis shows flesh to contain from 70 to 74 per cent. of water, the dry residue being very rich in nitrogen, and it contains a little carbonaceous or fatty matter. Hence, to live on meat alone, as much as 8 pounds a day are necessary. Then there are to be considered the diseases of animals, which are communicable to man if that flesh be not thoroughly cooked all through; and as very few of our animals live a perfectly natural life, most of them are more or less diseased, especially the fat ones. The excess of nitrogen taken into the system in eating flesh meat has to be got rid of by the liver, kidneys, and lungs; hence, these organs are overtaxed, and much disease is the consequence. In fact, were it not for flesh food we doctors would have very little to do. Man living in towns cannot afford to eat much flesh, because he does not get sufficient exercise and oxygen to burn up the excess of nitrogen. If he does eat this flesh, and if he eat much, then he must suffer from many complaints, such as indigestion, bilious attacks, congested liver, hæmorrhoids, gastric catarrh, and other gastric troubles. If the habit be continued in, gall stones or urinary calculi may follow, or rheumatism and gout. Then the kidneys become diseased, and more work is thrown on the heart, which becomes also diseased; the end is death by one of the lingering diseases which shows a diseased organ somewhere. Even epilepsy and many nervous diseases are aggravated by flesh. Cancer is on the increase, and,

from some observations I have made, it may be directly traced to flesh. Consumption has only a remote connection with flesh, it being due chiefly to want of fresh air. Vegetable food is cheap, contains an abundant supply of nutriment at first cost, and our systems are so formed as to use it with least expenditure of vital force. We use no cruelty in obtaining our food, and can easily see if it be wholesome or in a rotten state.

By means of our diet much disease is prevented, and even most chronic cases of present disease can be alleviated by it. If we want a cheap dietary we have the following foods to choose from: Wheat, oats, barley, maize, rice, sago, tapioca, semolina, hominy, peas, beans, lentils, etc., which are all concentrated foods and very rich in nutriment. Potatoes, parsnips, beets, carrots, turnips, onions, cabbage, sprouts, etc., give variety, bulk, and flavor; to these may be added the sweet herbs for making savory dishes. Apples, pears, currants, gooseberries, plums, strawberries, raspsberries, blackberries, and other fruits, with melons, peaches, grapes, etc., are high-priced but wholesome fruits. The dried fruits, as dates, figs, apple rings, currants, raisins, etc., are cheap and good. To these may be added tinned goods. Thus one can see the immense variety of tasty things we have, and these to suit all purses. We can add to these milk, butter, cheese, eggs, and honey, which are got without killing animals. But if we take animal food, then fish is least injurious, then beef and mutton, while veal, pork, game, etc., are very indigestible, and ought to be avoided.—*Knowledge.*

Practical Points from Philadelphia Clinics.—The *Medical Herald* gives the following practical points from Philadelphia clinics:

Dr. Carl Seiler removes polypi from the nasal cavities with the snare, as this causes less bleeding than the polypus forceps, and touches them with the galvano-cautery. This prevents the return of the growth, which nothing else will, the doctor having tried iodine, chromic acid, etc. This procedure certainly merits further trial.

Dr. Wharton recommends that superficially situated nævi be cauterized with strong nitric acid, applied with a glass rod. The resulting slough is followed by a white cicatrix. More extensive nævi call for other treatment.

For catarrhal, or herpetic, or diphtheritic tonsillitis Prof. Pepper recommends constitutionally absolute rest, large doses of quinine, drop doses of tincture of aconite, and liquid diet, and locally the application of the muriated tincture of iron.

Prof. Tyson often prescribes a mustard plaster prepared with molasses instead of water, For prolonged and mild counter-irritation this acts excellently, as patients often have the plaster on their backs for hours while fulfilling their daily duties. Dr. Tyson also has great faith in jaborandi and its active principle, pilocarpin, in the treatment of uræmia. He considers it *the* remedy for such cases. In Bright's disease and in diabetes the doctor prescribes an exclusive milk diet. He gives only skimmed milk.

Dr. Strawbridge poultices the external ear in the following ingenious manner: He lays the patient's head on the table and fills the external ear with as hot water as can be borne. Over the ear are applied towels soaked in very hot water, the surplus water being drained off by squeezing the soaked towels between dry ones.

Dr. Louis A. Duhring recommends for acne, sulphur in some form; preferably the sulphate of calcium internally, and locally the following prescription at bedtime: ℞. Sulphuret. potash, ʒ ss; sulphate zinc, ʒ ss; glycerine, ʒ j; alcohol, fl ℥ j; water, fl ℥ j. M.

For eczematous sores in children and old people recommends an ointment of five grains of iodide of lead to the drachm of vaseline.

Dr. Ellerslie Wallace describes nux vomica as the great invigorator of the sexual organs. He gives from one-half to one grain dose of the extract of nux vomica three times a day after meals.

Dr. John Ashhurst, Jr., says it is the surgeon's rule for ligation of an artery to cut down over the pulsation of the artery where he feels it. Of course the surgeon should know the anatomy of the parts, as well as the lines for cutting as laid down in the books.

Prof. Da Costa says, do not aspirate pleuritic effusions as long as no urgent symptoms, such as failure of the heart and symptoms of blood-poisoning, demand it, for the liquid will generally reaccumulate, and the second time it will be purulent. Give iodide of potassium and other remedies to promote absorption and to make the kidneys act. For the latter the infusion of juniper and jaborandi internally, and dry cupping over the region of the kidney will be often of benefit.

Prof. Tyson divides the treatment of acute rheumatism into three kinds to suit different types of cases. Rheumatism occurring in persons of nervous rheumatic temperament who lead a sedentary life, but are otherwise well fed and clothed, should be treated by salicylic acid or the salicylate of sodium; twenty grains of the latter every four hours for the first twenty-four or forty-eight hours. Continue the medicine after convalescence is established for some time —about as many days as the disease itself lasted. Rheumatism occurring in obese persons who are free livers and who use malt liquors will be best treated by the alkaline treatment. One and a half drachms of bicarbonate of soda in lemon-juice every four hours for four days, afterward twenty grains three times a day combined with iron and quinine. Rheumatism occurring in anæmic persons who have been underfed and overworked should be treated with the tincture of iron. When the types shade into each other, give the salicylic acid with the other treatment. The diet should consist of skimmed milk, chicken or mutton soup, beef broth or other liquid diet. Anodynes and the old "six-weeks-abed" have gone out of date.

Dr. Wm. Goodell, the world-famed gynæcologist of the University recommends for pruritus vulvæ: ℞. Carbolic acid, ʒ j; morphine sulphate, gr. x; boracic acid, ʒ ij; vaseline, ℥ ij. M. And also the patting of the parts with a sponge soaked in boiling-hot water. This is also a most excellent application for that rawness so often found between the thighs of the newly born.

Beer Drinking.—From *Good Health* we learn that the President of the Connecticut Mutual Life Insurance Company has for years been investigating the relation of beer drinking to longevity. His object was that he might solve the problem whether beer promotes vitality or otherwise; in other words, to know whether beer drinkers are desirable risks to a life insurance company. We give his conclusions. He declared, as the result of a series of observations carried on among a selected group of persons who were habitual drinkers of beer, that although for two or three years there was nothing remarkable, yet presently death began to strike, and then the mortality became astounding and uniform in its manifestations. There was no mistaking it; the history was almost invariable; robust, apparent health, full muscles, a fair outside, increasing weight, florid faces; then a touch of cold, or a sniff of malaria, and instantly some acute disease, with almost invariable typhoid symptoms, was in violent action, and ten days or less ended it. Note.—Bright's disease, once so rare now so common, destroys a large percentage of beer drinkers.

ORIGINAL CORRESPONDENCE.

ON CRAMMING AND EXAMINATIONS.

To the Editor of Gaillard's Medical Journal:

SIR: Mr. Walter Wren, "the eminent English crammer," and a number of correspondents of the *Times*, have shown up the "cram" and the "exam." in a new light, which gives the impression that cramming is the groundwork of an English education. One writer states that he crammed his son "on subjects of which he knew literally nothing," and "so stuffed him that he passed easily." He tried him again shortly after, and found "his mind had returned to its original vacuity." This is the humiliating testimony of a fond parent, whose experience is that knowledge will be found in inverse ratio to the cost of education.

It is some satisfaction to know we do not possess the monopoly of superficial education, but we cannot be blind to the fact that at all our educational establishments we try to teach too much in a short space of time. The average American mind, like the average American stomach, suffers from *indigestion*. This is especially the case at our public and Government schools—Annapolis and West Point. The latter is ahead of the former school in thoroughness, as unfortunately there are too many young naval officers who teach because they are ordered to teach, without being qualified for that duty. An examination, such as is required for the "Civil Service of India," could scarcely be passed by the "star" graduates of these expensive institutions. In the professions of physic, law and divinity, our standard is notoriously low. A higher academical or collegiate education should be required before matriculation, and it should be made the duty of every preceptor to insist upon this qualification. From the American Medical Association should be chosen every five years a Supreme Medical Council, which should be charged with the examination (or supervision of the examination) of all regular medical men in the United States. By this Body should be granted a national diploma. This need not interfere with the rights of faculties of colleges to examine as much and as often as they please, but the final examination and legal license to practise should come from the Supreme Council, selected from the representative medical body in this country. The best men should be selected, and appointed with a salary of $10,000 a year, which could readily be collected by a $30 or $50 fee for every graduate.

As for Government examinations, as now conducted, they are useless and humiliating. A rigorous entrance examination should be required, a second examination at the end of five years, and another after ten years of service, all of which should be competitive. This would weed out the drones, and further examinations should be unnecessary, indeed, would be an absurdity, and no proof of an officer's real knowledge or practical skill.

STRIX.

LOUISVILLE, KY., Feb., 1884.

DEAR DOCTOR GAILLARD: I subscribed for your JOURNAL in January, 1867, and have now all of the numbers up to date, those for 1866, and April, 1868, excepted, which numbers I am anxious to obtain by purchase or exchange. I have, through a friend now dead, many copies which I would dispose of, and I am sure that libraries or physicians would be glad thus to complete broken sets. Letters on the subject may be addressed to yourself (Box 1,124, N. Y.), and I would thank you to have them forwarded to me. I will dispose of my duplicate copies at cost. Here is the list: 1867, Jan., Feb., Mar., 2 of April, June, July, Aug., Sept., Oct., Nov., Dec.; 1868, June, 2 of Nov., Oct., Aug., Sept.; 1869, complete; 1870, complete; 1871, complete; 1872, 2 of Jan., 2 of Feb., Mar., April, 2 of May, 2 of June, 2 of July, 2 of Oct., Nov., Dec.; 1873, Jan., 2 of Mar., April, May, June, July, Aug., 2 of Sept., 2 of Oct., Nov., Dec.; 1874, 2 of Jan., Feb.; 1879, Aug.

I have the following extra copies: 1869, April, May, June, July, 2 of Aug., Sept., Oct., 2 of Nov., Dec.; 1870, 2 of Jan., Feb., 2 of May, June, 2 of July, 2 of Aug., 2 of Sept., Oct., Nov., 2 of Dec.; 1871, Jan., Feb., Mar., April, July, Aug., Sept., Oct., Nov.

Very truly yours,

S.

SCARLET FEVER AMONG HORSES.

To the Editor of the New York Times:

YOU give me too much credit when you make it appear that I first advanced the theory that scarlet fever originates among horses. This credit belongs first to the celebrated Prof. Copland, editor of a huge medical encyclopedia published in 1859, and next to Dr. Robertson, F.R.V.S., Principal and Professor of Hippopathology, or diseases of horses, in the Royal Veterinary College, London, and editor of a text-book on the practice of equine medicine, July, 1833. The celebrated Dr. Percivall, V.S., of the First Royal Life Guards, was the very first to clearly describe scarlet fever in the horse in modern times, viz., in 1834, or nearly 50 years ago. My labors have merely consisted in endeavors to prove or disprove, as the facts would seem to warrant, the opinions and conclusions of these eminent men.

Percivall says: "The first account of scarlet fever in horses was published in the *Veterinarian* in 1834. This," he continues, "has received such confirmation from other quarters as to leave no doubt in his mind that, rare as the malady acknowledgedly (or seemingly) is, and hitherto undescribed as it has remained, it will one day find a place in our established veterinary nosology. It is difficult to say to what extent scarlatina in horses prevails in this country [England], for there are very few persons qualified to defin such a disease; in fact, the majority of men do not know that such an affection ever manifests itself in horses. From the fact, however, that I [Percivall] have seen cases within the past four

years occurring in this city [London] I am led to suppose that it may prevail at certain seasons to some extent."

Copland writes: "I [Copland] have lately had reasons, indeed evidence, for the following inferences:

"1. That scarlatina was originally a disease of the horse, and that it formerly occurred, and has even recently occurred, epidemically or as an epizooty among horses.

"2. That it was communicated in comparatively modern times from horses to man.

"3. That it may be and has been communicated also to dogs.

"While this article was passing through the press, Mr. Percivall, Veterinary Surgeon to the First Regiment of Life Guards and the author of a very able and well-known work on the diseases of the horse, very kindly furnished me [Copland] with additional evidence in support of these opinions, and also referred me to the second volume of his work, where scarlatina in the horse is mentioned. (See *Scarlatina equi: Scarlatina canis.*)

"Scarlet fever was first generated in the lower animals, or occurred among them as a pestilence or epizooty, not unlikely first among the equine race, and was then communicated to man."

Robertson says: "Scarlet fever rarely occurs as an independent or idiopathic disease in the horse, but generally as an accompaniment or sequel of some other debilitating affection, as influenza, distemper, strangles, &c., or when not associated directly with these it seems to have some ill-defined relation to them. I [Robertson] have observed that when a severe visit of these eruptive fevers, viz., measles and scarlatina, has occurred among human being in a particular [city, town, or] locality some idiopathic cases of this particular fever of the horse would show themselves, and that more than the average number of horses suffering from catarrhal affections would exhibit distinctive features of scarlatina. We cannot certainly predict which cases of catarrhal or other debilitating disease will be followed by scarlet fever, save in so far as these are the result of infection or contagion developed from cases which have exhibited similar complications.

"*Causation.*—The greater number of animal sufferers from this affection [scarlet fever] are those which immediately antecedent to their giving evidence of this condition have passed through some constitutional and debilitating disease. Their systems are yet charged with, or at least not entirely rid of effete and deleterious matters . . . . which, aided by bad hygienic surroundings, culminate in a still more unhealthy and vitiated state of the blood, finally resulting in an outbreak which is called scarlet fever."

It is true that Robertson elsewhere says that the disease often presents but a faint analogy to scarlet fever in man, but as he has mixed acute red salt rheum and acute eczema rubrum in his description this is not to be wondered at.

Robertson's views point to the spontaneous generation of scarlet fever in horses, and perhaps men, which I am not yet prepared to accept, although I have found many proofs of it. The first distinct account of scarlet fever in man only dates at A.D. 1610, while in horses it was noticed in A.D. 1514. Still I am not yet prepared to accept Copland's views, although I have found many additional proofs of them. I believe decidedly that scarlet fever sometimes affects horses, and that they both give and receive it from human beings; that horses and stables should come under good sanitary control as well as poor people and tenement houses. I believe that Percivall's description of scarlatina is best that has yet been given, and suggest that the disease be called Percivall's scarlet fever; or if a new name be required, or be better in view of the many discussions and disputes which must necessarily arise over the curious descriptions which have been and will be given of horse scarlet fever, that it be called rosalia. Rosalia was the old, almost classic, name for scarlet fever. Dr. John Mason Good, 1829, says: "Scarlatina is a barbarous and unclassical term, that has unaccountably crept into the nomenclature of medicine, upon the proscription of the original and more classical name of rosalia. Dr. Morton had a mortal aversion to the term scarlatina, and De Haen appears to have had nearly as great a dislike to it."

JOHN C. PETERS, M.D., N. Y. City.

SANITARY DEPARTMENT.

BOSTON'S IMPROVED SEWERAGE SYSTEM.—On the first day of January the new system or intercepting and delivering sewers for that part of Boston situated between the Charles and Neponset Rivers, which has been in construction for a number of years, was inaugurated. Members of the Massachusetts Medical Society will recall that they were invited during the last annual meeting of the society to inspect the main sewer, and those who did so are somewhat familiar with the system of which it forms a part. As the growth of the city demanded, sewers were built years ago, each emptying at a locality most convenient and least annoying. According to the new plan a series of intercepting sewers has been constructed belting the city and communicating with the older sewers near their mouths by means of small branch or connecting sewers, provided with gates to regulate the flow. The old outlets are to be for the most part kept open, to be used for storm overflows, and those below tide level will be provided with a double set of gates to prevent the tide from flowing in.

The great bulk of the sewage is, however, by the new system to be conveyed to a considerable distance from the shore, and deposited where it is believed, and thus far proved, that it will not be obnoxious or injurious. The various intercepting branches converge into one main sewer, which runs in nearly a straight line to old Harbor Point, Dorchester, where there is a pumping station. At this point extensive works

have been erected, the first of which is a filth hoist, through which the sewage passes before it reaches the pumping station. The filth hoist consists of two chambers, in each of which are hung, so as to be raised and lowered by winches, open cages through which the sewage flows and which retain any large floating objects that would ure the pumps. They are arranged in pairs, one behind the other, so that one may be in place while the other is drawn up for cleaning.

Four engines, each of a capacity to raise 25,000,000 gallons in twenty-four hours to a maximum height of forty-three feet, are now in position, and it is designed eventually to double this pumping capacity, allowance having been made for two boiler houses.

The outfall sewer extends from near the engine house to the reservoir on Moon Island, a distance of a little more than two and a half miles. The first portion of the outfall sewer, a section of 1,200 feet, is the deposit sewer, which is carried into Dorchester Bay on an embankment; the second portion, having a horizontal length of 6,970 feet, is the tunnel under the bay in the form of an inverted syphon, at whose entrance is a vertical descent of 150 feet, the level being regained at the farther end by a rise of one foot in six; the third portion extends from Squantum Neck, on the further side of Dorchester Bay to Moon Island, where it connects with a resevoir having four compartments with a total capacity of 25,000,000 gallons, from which the sewage is discharged at ebb tide into deep water by an outlet sewer.

The total estimated cost of these sewers for the south side of Charles River, including an allowance of $300,000 for rebuilding and connecting old sewers, was placed in 1876 at $3,750,000 the actual cost has been thus far about $4,500,000, and $750,000 more will be needed. But much of the work proved far more difficult than was expected, and several contractors met with serious losses. The important thing is that the work seems to have been well done, and the system to practically answer the expectations that were formed of it For the district on the north side of Charles River a main sewer and branches of fifteen miles length with other works, at a cost of more than $3,000,000, will be required, but are not yet contracted for.

In addition to relieving the waters of Charles River and its flats, which had become extremely offensive, the present sewers, providing for a constant and uninterrupted flow of sewage from its entrance to the outfall sewer, deliver the city from the cesspool tendency of the old sewers; whether the level of the ground-water will be lowered, as was at one time anticipated, it is as yet too early to determine.

It will be easily seen that with the surface drainage of the city and the great consumption of water—between ninety and one hundred gallons per head daily—the sewage, when reaching Squantum or the reservoir on Moon Island, will be extremely dilute, yielding but a small percentage of solid constituents and those of a soluble character. It is not reasonable to anticipate any annoyance from its discharge into deep water on

an ebb tide, either to those navigating this outer portion of the harbor or to those occupying neighboring shores; the full sewage product of the district drained is not as yet discharged through the intercepting sewer, but of the large amount which is discharged all trace is dissipated in the ocean even more readily than was anticipated. Whether any other disposition could be advantageously made of this sewage when once delivered at Squantum or at Moon Island is a subject whose discussion we reserve for another occasion. Enough is already known, however, of the working of the present system to permit us to say that those who designed and executed it deserve well of the city, as will doubtless be evidenced in due time by a diminished death-rate, and more immediately by a relief of offended senses.—*Boston Medical Journal.*

NOTE.—All very scientific and well arranged, but the entire conception is bad and ruinous. Such matter should go to the soil and not to the sea. It is profligate, senseless waste.

THE TOTAL DESTRUCTION OF HUMAN BODIES.—M. Aimée Girard having lately proposed at the Académie des Sciences the destruction of the bodies of animals dying of virulent diseases by means of sulphuric acid (as their interment does not always secure from the danger they may cause), M. Régnard resolved to try the effect of this substance on the human subject. His experiments with the bodies of new-born infants and fœtuses have been completely successful, and would no doubt be equally so if tried on the adult. To the body of an infant he adds about double its weight of the sulphuric acid of commerce, and after 24 or 30 hours of maceration not a vestige of the body remained—the decomposition having taken place silently and without any smell. Neither the microscope nor the test-tube can detect the slightest trace of the body, beyond the presence of some fat, phosphoric acid and nitrogen. M. Régnard points out how easily a body may be made away with by means of a substance so easily procured, and suggests that some restrictions should be placed on its sale.—*Revue Med., Dec.* 1.

BRITISH HYGIENE.—North Shields, it may be stated for the benefit of those who are not familiar with the geography of those parts, is hard by Tynemouth, the favorite watering-place and health-resort of the dwellers in the populous Newcastle district. In many houses there is no privy accommodation, and all the refuse of every kind is thrown into the centre of the court, so that the atmosphere outside the dwellings is more noisome than that within. Dr. Barry was informed that this absence of privy accommodation had been known in some instances to lead to the deposition of all filth under the flooring, or in the cupboards of the houses. It is not surprising to hear that these sanitary conditions have markedly influenced the mortality in North Shields, the Medical Officer of Health reporting, in his summary for 1882, that the death-rate for the township had reached as high a figure as 34.4 per 1,000 living.—*Med. Times and Gazette.*

PROCEEDINGS OF SOCIETIES.

[NOTE.—The weekly medical journals very properly publish the proceedings of societies as soon as the societies adjourn. This journal being a monthly cannot, of course, do this; it will publish, therefore, only such carefully obtained proceedings of American and European societies as are most interesting and instructive.—ED.]

NEW YORK ACADEMY OF MEDICINE, JANUARY 3, 1884. A MEMOIR OF DR. JAMES MARION SIMS. By THOMAS ADDIS EMMET, M.D.

James Marion Sims sprang from the Scotch-Irish stock who settled up the frontiers of North Carolina and eastern Tennessee.

Many years ago, while investigating for my pleasure a point of local history, I was struck with the frequent mention of the name of Sims in this section of the country, and, on inquiry, learned from the doctor that his family first settled on the frontier, and after the Revolution his grandparents, I believe, returned to the "settlements."

In Lancaster District, S. C., Dr. Sims was born, January 25, 1813. Of his boyhood I have heard him state that he was a good boy, but a dull one at school—scarcely a just criticism, I think. He may have been wanting in application, but, if the man was any indication of the boy, there could have been no time of his life when he would have been dull in any sense of the term. In 1832 he closed his academic studies, and received the degree of Bachelor of Arts from the College of South Carolina, at Columbia. He began the study of medicine in the office of Dr. B. C. Jones, a practitioner of Lancaster, and his first course of lectures was taken in the Medical College of Charleston, S. C. The following years he received his degree from the Jefferson Medical College, Philadelphia.

He returned to the place of his birth to commence the practice of his profession, but, not receiving a sufficient encouragement from those who had known him from childhood, he removed to Mount Meiggs, a settlement a few miles from Montgomery, in the State of Alabama. In 1836 he married Miss Eliza T. Jones, the daughter of the old preceptor, and remained a year longer at Mount Meiggs; then he practised about three years in Macon County, and finally settled at Montgomery about 1840.

He seemed to have made but little progress during the first year; but shortly after this time he became interested in the operation for strabismus, which had been recently devised by Dieffenbach, and, having been able to put it successfully in practice, together with a remarkable cure he effected in a case of club-foot, he gained a surgical practice which in a few years became one of the largest in the State. His first contribution to medical literature was a paper on "Trismus Nascentium," which was published in the *American Journal of the Medical Sciences* in 1846.

In July, 1845, Dr. Sims was called to a patient who had been thrown from a carriage and was suffering from a retroversion in consequence of the accident. During his effort to restore the uterus he placed her in what is now termed the "knee-and-chest position;" but, finding that he could not fully reach the womb with the index-finger alone, he introduced the second one, with the immediate effect that he could then neither touch the cervix nor the walls of the vagina, and, to his surprise, she announced that she was entirely relieved. To this accident, and to the dilatation of the vagina when placed in a certain position after retracting the perinæum with the fingers, we are indebted for the speculum bearing his name, and for the first operation by him in a case of vesico-vaginal fistula.

In the anniversary discourse delivered by Dr. Sims before this Body on the 18th of November, 1857, the subject being "Silver Sutures in Surgery," he had given a most graphic description of the difficulties overcome, and of the many disappointments he experienced during some four or five years before he cured his first case. This success was gained June 21, 1849, by the use of silver wire, after thirty failures, in this individual alone, to close the opening by means of silk.

Shortly after this triumph, and with a most prosperous future before him, his health failed, and he became a sufferer from chronic diarrhœa. It was a type of the disease which seemed particularly fatal at that time, and equally so if contracted in the Southern States or in Mexico, from which country so many of the troops were returning home after the war to die from this malady. For two years or more Dr. Sims sought to regain his health by a change of climate, and with any improvement would return to his business, but finally was obliged to relinquish it entirely.

In October, 1851, while in Philadelphia, and when in the last extremity of the disease, as he supposed, he dictated a paper on "Vesico-Vaginal Fistula," which embodied his experience up to that date, and this was published in the *American Journal of the Medical Sciences* for January, 1852.

Dr. Sims had observed, during a number of visits to New York, that the only improvement in his health occurred while he remained in the city. Early in the autumn of 1853 he decided to settle permanently in New York, and in November of that year I first made his aquaintance. With a growing family, and now in straitened circumstances, it was necessary to select a house at a moderate rent, and on the outskirts of the city. This building, which had just been erected, was situated in Madison Avenue, between Twenty-eighth and Twenty-ninth streets. To the best of my recollection it stood alone, with no first-class dwelling-house nearer than Twenty-third street, and in full view of the East River. I happened to be walking with a mutual friend, and had never heard of Dr. Sims before. His sign suggested the visit, and I had the choice of going in or of standing on the street. I was introduced, and then little thought how close our future relations were to be, or that this man, so emaciated and apparently at death's door, was about to enter upon a career which was to be of world-wide renown. I could then as little realize the future as I could have foreseen the growth of the city from its then limits to its present bounds.

In October, 1853, Dr. Sims received from Dr. Mott his first patient in New York—a small vesico-vaginal fistula, where the neck of the uterus was found in the bladder, a condition then regarded as unique. But this is now well known to be a common result from retroversion, when produced by inflammatory shortening of both broad ligaments, and where, the slough having taken place directly in front of the cervix, it easily passed into the bladder, and, with the cicatrization afterward, the opening became reduced in size. Dr. Sims successfully closed this fistula, but left the neck of the uterus in the bladder, and reported the case in the first volume of the *American Medical Monthly*, published in this city February 1854.

Soon after his arrival, he formed the acquaintance of Dr. Barker, Dr. Mott, Dr. Francis, Dr. Stevens, and others, and it was thought advisable that Dr. Sims should deliver an address to the profession setting forth the necessity for a woman's hospital, where vesico-vaginal fistula and a few of the injuries of childbirth might be treated. Little thought was given at that time to the need for any special place or treatment for the diseases of women. I well recollect a statement made by Dr. David M. Rees, now many years dead, but at that time a prominent general practitioner and a fair surgeon, that it was easy to apply the nitrate of silver through a cylindrical speculum to any

case of ulceration; an infusion of red-oak bark could be given for a leucorrhœa, and, if a prolapse existed, any one could put in a Meigs' ring or Physick's spherical pessary. He laughed at the idea of the necessity for a woman's hospital, and thought it impossible to find enough women sick enough to fill it. What a contrast between such a statement and our knowledge of to-day! This gentleman felt satisfied that he had mastered the whole subject in treating these three conditions, which, as symptoms of different pathological changes, would not to-day convey alone to any one a knowledge of the true lesion. This appeal was made by Dr. Sims at the Stuyvesant Institute, in Broadway opposite Bond street. It was judiciously arranged in regard to the speakers that it should prove a success, and the indorsement there given him by the profession was the beginning. I attended this meeting, which was held May 18, 1854, and from that time to the present I have been familiar with every circumstance connected with the development of the Woman's Hospital. In fact, if the history of this institution is ever to be written, it must be done from the information which I alone can furnish, for no one is now living who could do so much.

As Dr. Sims' career was so closely identified with the early history of the Woman's Hospital, it is necessary that I should make some reference to those who aided him in the good work. All credit must be given Dr. Sims for the conception of the Woman's Hospital, as well as for the power of impressing others with the necessity of its existence, and his name must be for ever identified with the institution as the originator. But he had none of the qualifications of an organizer, and his conception would not have even reached a realization without the aid of others. Every one, I believe, connected with the movement has received more or less credit from some source, with a single exception. I entered upon this subject with the object of recording what I know to be true, and had written out my recollections without the knowledge of the gentleman to a point where it was necessary then to consult him in regard to certain data which he could alone furnish. I refer to our President, and believe that to Dr. Fordyce Barker, more than to any other individual, we are indebted for the early organization of the Woman's Hospital. Dr. Barker was about the first acquaintance made by Dr. Sims in the medical profession after settling in this city, and it was through him he became acquainted with Dr. Mott, Dr. Francis, Dr. Stevens, and others. Dr. Barker took an active part in the meeting, and just after, in the June number of the *American Medical Monthly*, wrote an editorial article on Dr. Sims' claims, entitled "Young America *vs.* British Surgery." The points are well taken against a surgeon of St. Mary's Hospital, London, who had reported two cases of vesico-vaginal fistula, operated on by him, in which he used Sims' position, speculum, silver sutures, and self-retaining catheter without the slightest credit being given to any one but himself. The editor's advice—"Fie, Mr. Bull, set a better example before your young men; if you get an idea from young America, have the manliness to say so"—was excellent, but it was not followed altogether, since we see sometimes, even at the present day, the force of a bad example.

At the first meeting held to form an organization, Dr. Barker suggested, with a single exception, the names of all the ladies who constituted the first board of managers of the Woman's Hospital Association. He was at the time the family physician to all, with the single exception, and it was through his personal influence that these ladies were induced to assume the responsibility. Mrs. Fordyce Barker was the first secretary of this board, and discharged the duties for two years after its organization in a position which, even under more favorable circumstances, would have been a thankless one. Soon after the hospital had gone into operation, Dr. Barker was able to render further service while twice president of the State Medical Society, at Albany, and to prepare the way

for obtaining from the Legislature the charter of the institution now known as the Woman's Hospital of the State of New York.

Dr. Francis, who knew every one, was a host in himself, and it was his special province to prepare, from time to time, the necessary appeals to the public and to the Legislature for obtaining the charter. Mr. Beekman, Mr. Benedict, and others, who formed the board of governors of the proposed State Hospital, and who were nearly all governors at the same time of the New York Hospital, obtained from the city a grant of the land for the site of the present institution, then a part of an old Potter's Field from which over thirty thousand bodies were removed. Through the efforts chiefly of Mrs. T. C. Doremus, a house was obtained in Madison Avenue, and her husband, I believe, became security for the rent. How much was due to the individual efforts of this noble woman will never be known; she kept her own council, but served the institution, even to the day of her death, with a most remarkable singleness of purpose. In brief, I have given an account of the chief movers in organizing this undertaking, a work which was physically impossible for a single individual to have performed. Dr. Sims, however, did accomplish even a greater work in his own legitimate sphere, and this I will endeavor to trace.

The Woman's Hospital Association opened its doors May 4, 1855, and Mary Smith, the first patient received, suffered from a vesico-vaginal fistula, and had arrived from Ireland but a short time before.* She proved to be one of the worst cases ever admitted to the institution. To keep the fundus of the bladder from prolapsing through the vagina, some almshouse physician of her district had, before she left, introduced into the cavity a wooden float from a seine, in size not less than a closed fist, and this had become thoroughly coated with a phosphatic deposit. This miserable object was operated on over thirty times, almost always on the knees and chest, each operation lasting from two to three hours, without ever taking an anæsthetic, and she suffered during a period of nearly five years before even partial retention was gained. For a long time she was the "show-case" for demonstrating the mode of operating. After the opening had been closed, so much traction was then exerted on the urethra that more or less urine escaped while in the upright position, and in time, from this source of irritation, a stone was at length formed in the bladder. Against my advice, some years ago, the urethra was dilated for the removal of the stone, and the neck of the bladder was lacerated, with incontinence afterward, so that the first patient admitted to the hospital is still living in suffering, in poverty, and incurable.

The consulting board consisted at first of Dr. Francis, Dr. Mott, and Dr. Stevens; Dr. Green and Dr. Delafield were subsequently added. These gentlemen were all eminent in their different branches of the profession, but were necessarily conservative in so new a field. Dr. Sims early evinced a boldness and desire to enter upon an investigation as to how far abdominal surgery could be made safe through the use of silver wire, and the difficulties would have been soon overcome if he could have had a portion of the responsibility shared by his consulting board. I was present, as a listener, at one of the early consultations, when Dr. Sims proposed to open the abdomen for the removal of a long pedunculated fibroid—an operation which few would hesitate in doing to-day. Dr. Francis and Dr. Mott were at first disposed to yield to Dr. Sims, until Dr. Stevens entered a protest. He had no opinion to express, he said, in regard to Dr. Sims' views; they might be all right, but he felt, if Dr. Sims should succeed by chance, that every young surgeon in the land would be ripping open the bellies of the young women to ascertain if they had such growths to be removed,

* I will mention the fact in passing that, up to ten years ago, exactly fifty-eight per cent. of all the patients with vesico-vaginal fistula which had been treated were admitted, like this woman, directly from the different almhouses of Great Britain and from the Continent.

and he would oppose such an operation simply on the ground of humanity. Dr. Sims was not able to carry out his wishes in regard to several cases of ovarian tumor, and it was not until about 1860 that he felt his position sufficiently established to perform, on his own responsibility, his first ovariotomy.

Dr. Sims visited Europe early in July, 1861; he remained absent until the middle of January, 1862, and, on August 31, 1862, he left New York with his family to reside abroad. During his service of six years and nine months in charge of the Woman's Hospital Association, his only contribution to medical literature was, I believe, the address "On the Use of Silver Sutures," and he seemed to have taken no active part in the proceedings of the medical societies. He was, however, most actively employed, and, with a gradual improvement in his health, he developed a remarkable tolerance, as it were, for hard work. He was perfecting and devising new instruments, studying modes of exploration, and planning different surgical procedures, all in a field too new to find any precedent to aid him in the experience of others. In the midst of this busy life the civil war came on and cut short this continued strain to both mind and body. It proved, however, a fortunate circumstance for him and for his subsequent reputation. His residence in Europe gave him the leisure, and it became even a necessity, to perfect and utilize much which would otherwise have been lost.

Dr. Sims was by nature a surgeon, and one of the most dextrous operators I ever witnessed. He was bold and self-reliant, never at a loss, and his ingenuity was unequaled. He was in no sense a plodder, for his mind and body were always too restless and active. He was so fertile in resource when I first knew him that he perfected scarcely a tithe of the brilliant conceptions passing constantly through his mind, and it was impossible to see him perform the most simple operation without learning something new. It may be held that, for want of further hospital advantages for study, Dr. Sims' creative power culminated when he left the Woman's Hospital. As his surgical reputation will be hereafter always intimately associated with what he had perfected before that time, I will briefly give a synopsis of his work:

In perfecting the preparatory treatment, in devising the needed instruments, and by overcoming the difficulties in operating for vesico-vaginal fistula, Dr. Sims exhibited a degree of pertinacity which in after-life he was unable to devote to the development of any other special object. Notwithstanding a similar speculum has been taken from the ruins of Pompeii, and a like instrument, as a retractor, had been used by Metzler, in Germany, before the present instrument had been devised by Dr. Sims, the credit in the future must belong to him alone. The metallic suture had been used by Dr. Le Vert, of Mobile, Alabama, before 1828, and by Mr. Gosset, of London, in 1834; the clamp suture had been already employed, with the "knee-and-chest position," and with other details now in use; while vesico-vaginal fistulæ had been successfully closed in different parts of the world before Dr. Sims began to study his profession. "Yet with all," as I have elsewhere stated, "were we assured of the fact that Dr. Sims was as familiar as we are at the present time with what had been accomplished before his day, it should not lessen the credit due him. What had been done fell on barren soil, bore no fruit, was not appreciated, and was destined to be forgotten. From Dr. Sims' hand the operation was accepted by the profession; it was immediately put into successful practice, and to the present day it has not been materially modified for the better in either its principles or its mode of execution."

I hold in my hand a speculum which belonged to Dr. Sims, and is, I believe, the first one perfected from the hands of the instrument-maker. From the beginning of time to the present I believe that the human race has not been benefited to the same extent, and within a like period, by the introduction of any other surgical instrument. Those who do not fully appreciate the value of the speculum itself

have been benefited indirectly to an extent they little realize, for the instrument, in the hands of others, has probably advanced the knowledge of the diseases of woman to a point which could not have been reached for a hundred years or more without it. Those who come upon the field to-day cannot realize what has been accomplished, or the fact that the study of gynæcology now covers a more extended field than the whole knowledge of medicine did forty years ago. The advance made in this branch of surgery has, through this instrument, become especially identified with this country, where it has been chiefly employed.

To Dr. Sims we are indebted for the technique of the examination. He first suggested the advantage of employing the left hand and the use of conjoined manipulation. The advantages of "Sims' position" on the left side, I believe, cannot be questioned. In addition to the speculum, we are indebted to him for the depressor, the flexible copper sound, the tenaculum now in use, and the elevator. He first introduced the use of glycerin and taught its advantages. He perfected the making of sponge-tents, and first understood how to apply a tampon, an operation which can never be performed properly without the use of his speculum. The stick, with the screw at the end for removing the cotton, is his, and he introduced the probang spongeholders now in use. He first had the block-tin pessary made, and from his hands I have seen formed, over twenty-five years ago, every shape and modification which has since been devised. Dr. Sims was the first to abandon that barbarous appliance, the quill suture, and to simplify the operation for closure of a lacerated perinæum by the use of the interrupted silver suture. He gave us the operation on the anterior wall of the vagina for the cure of procidentia and prolapse. And, notwithstanding it fails when used alone for keeping up the uterus, it is perfect if employed with the object of holding the uterus at a distal point from the pubes, while the needed support is obtained by the proper operation on the posterior wall. I could indefinitely extend the record of operations devised, but not carried out, and of instruments never perfected. There were certain operations practised by him which will go into disuse, and some of his teachings will not stand the test of time. But this is not to his discredit, for few men will ever have more to live after them. Crowded into a few years, as were all of Dr. Sims's opportunities for clinical study in hospital practice, it is most remarkable that from the brain and hands of one individual so much should have emanated and so perfected that the human race will be benefited long after the source has been forgotten.

I cannot attempt to trace his career abroad, or give more than a general outline of this period of his life. He visited the chief cities of Europe, but resided for the greater portion of the time in Paris and London. He received marked attention everywhere, and at once entered upon a large and extended practice. In 1865, while residing in London, he wrote his "Clinical Notes on Uterine Surgery," and states in his preface: "It is simply a voice from the Woman's Hospital, which, in all probability, would never have been heard if I had remained at home." This book was translated into the French and German languages, and issued at the same time with the English edition, which was afterward reprinted in this country. The work attracted a great deal of interest, at the time of its issue, as a very remarkable one. I believe few medical works of its size were ever issued containing so much original and, I may say, suggestive matter. It was so far imperfect, or rather fragmentary, in character as to treat of a very limited range of diseases. But its publication was the turning point of modern gynæcology, or, more strictly speaking, American gynæcology, of which he may be justly termed the father. For the critic, however, this work had many weak points, as it was not a systematic production, and was never intended to be one. He had also advanced, with his enthusiastic zeal, certain views which were theoretical and would not stand the test of clinical experience. Withal, in the history of some cases there was a want of accuracy, as he had not access to

the hospital records, and had to trust to his memory. It is now a source of no little regret to those who fully appreciated the true value of the book that Dr. Sims did not revise it and produce a systematic work embodying his matured experience, of which so much has now been lost.

Several years after the departure of Dr. Sims for Europe a sufficient sum of money, by subscription, was collected through the personal efforts of Mr. A. R. Wetmore, the late Vice-President of the Board of Governors, and the corner-stone of what is termed, in recognition of this service, the Wetmore Pavilion of the Woman's Hospital was laid May 23, 1866. This building was completed on the 12th of October, 1867, and was then occupied by patients for the first time. The Woman's Hospital Association, which had consisted of a Board of Lady Managers, now ceased to exist as a distinct corporation, and became blended with the one in charge of the Woman's Hospital of the State of New York. After the hospital had been in full operation for a year or more, Dr. Sims returned to New York for a few months, having been absent some six years. In 1868 he was appointed one of the governors of the Woman's Hospital, and had conferred on him the honorary title of Senior Consulting Surgeon. He contributed, in 1869, to the eighth volume of the *New York Medical Journal*, a paper "On the Microscope as an Aid in the Diagnosis and Treatment of Sterility," and it had been read by him before the Medical Society of the County of New York, December 7, 1868.

His family remained abroad and he was only a portion of each year in this country until after the Franco-Prussian War. While in Paris, the "Anglo-American Ambulance Corps" was organized, August 27, 1870, by eight American and the same number of English surgeons, with Dr. Sims as surgeon-in-chief. He was the eldest surgeon who left Paris for this duty, and, arriving just at the commencement of the battle of Sedan, he was placed in charge of a military hospital containing four hundred beds, and served as chief for a month or more. Shortly after rendering this service he returned with his family to New York.

Dr. Sims was appointed, January 9, 1872, a member of the Board of Surgeons to the Woman's Hospital, but the new organization was not fully completed, and he did not enter regularly upon his duties until the following first of May. On the first of December, 1874, Dr. Sims resigned, thus terminating his brief service as surgeon to the Woman's Hospital, and he had no further connection with the institution until shortly before his death, when he became one of the Consulting Board.

In the *New York Medical Journal*, December, 1872, and April, 1873, he contributed an article on ovariotomy, in which he advocated free drainage, through Douglas's cul-de-sac, of the peritoneal cavity. Before the New York State Medical Society, Albany, February 6, 1874, he read a paper on "Intra-Uterine Fibroids," and this was published also in the *New York Medical Journal*, April, 1874. Soon after, in the "History of the Discovery of Anæsthesia," he supported the claims of Dr. C. W. Long, of Athens, Ga., to the credit of having performed the first surgical operation with the patient under the effects of an anæsthetic. A few other articles in the various journals, of minor importance, and his addresses as presiding officer of several societies, would embrace all his contributions to medical science.—[See this JOURNAL, Feb., 1884, p. 131.]

Dr. Sims was elected President of the American Medical Association, and presided at the meeting held in Philadelphia, 1876. He was President of the American Gynæcological Society at its meeting in Cincinnati, Ohio, 1880, and was one of the founders of the society. In recognition of the service rendered by Dr. Sims to medical science he was the recipient of many honors from different governments of Europe, and probably few men in the profession ever received an equal number of honorary distinctions from various societies in different parts of the world. One of the last honors conferred was that of

Doctor of Laws from the Jefferson University, Canonsburg, Penn., with which his Alma Mater, the Jefferson Medical College, of Philadelphia, is connected.

Dr. Sims came of a long-lived family, and was remarkable for his temperate and simple mode of life. He had none of the "small vices," and every habit of life was made conducive to maintaining his health. He preserved to a late period a youthful figure, with a degree of elasticity and activity of body seldom enjoyed even in middle life. He thus had the promise of a long life, and he always said, as he expressed it, that he was "good for ninety." About two years ago, after a long and fatiguing operation, he was seized with an attack of pneumonia, and his life, day by day hanging in the balance, was only saved by the unremitting care of his medical attendants. He never fully recovered from this attack, and it necessitated the spending of the following winter in Florida, and the last in the south of Europe. During the warm weather he improved, and, on his return to New York in August last, it was thought that he had regained his former vigor and strength. To the day of his death he was actively engaged in the duties of his profession, and it is stated that he had visited a patient with his son just before retiring. During the night he was restless, and wrote for a time in bed, as was his custom. Suddenly his heart came to a standstill, and he died, without a struggle, November 13, 1883.

Mrs. Sims has survived her husband. A sketch of him would be incomplete without some notice of her, who continued as the sweetheart of his youth and helpmate through a long life. I have heard him state that he could have accomplished nothing without the aid and advice of his wife. She certainly devoted her life to him, and I never saw a person more dependent on another than he was on her. When I first knew them, and he was in bad health, she always prepared with her own hands every particle of food he needed. She watched over him with singleness of purpose only equaled in the care of a mother for her offspring. For his impulsive nature her placid disposition was as essential as the fly-wheel to an engine, and he has said that through his whole life he has never had to regret following her advice.

My relations with Dr. Sims in early professional life were as close as those of a son could be. Later on, from circumstances over which I had no control, we did not meet for years. During the summer of 1882, and in London, while I was closely watching the steps of an operation, some one came into the room breathing quickly, as if he had been ascending the stairs. For a second of time I was annoyed as this gentleman sidled up so close to me, but his hand passed into mine as he whispered, with a familiar voice, "How are you, old Emmet?" and I shook Dr. Sims by the hand for the last time.—*N. Y. Med. Jour.*

Philadelphia County Medical Society.

At a meeting held December 12, 1883, Dr. W. M. Welch, President, in the chair, Dr. Arthur V. Meigs read a paper entitled "Proof that Human Milk contains only about one per cent. of Casein: with Remarks upon Infant Feeding."

In this communication the lecturer demonstrated, by the process of exclusion, from a series of analyses, that human milk does not contain more than about one per cent. of casein, as an average. He made the following practical remarks, in conclusion, upon "infant feeding," and recommended the following method of preparing the food:

"The easiest way to prepare and use the food is as follows: There must be obtained from a reliable druggist packages of pure milk-sugar containing seventeen and three-quarter drachms each. The contents of one package are to be dissolved in a pint of hot water, and it is best to have a bottle which will contain just one pint, as there is then no need for further measuring. The contents of one of the sugar packages are put into the bottle, and when filled with hot

water the sugar soon dissolves and it is ready for use. The dry sugar keeps indefinitely, but after it is once dissolved it sours if kept more than a day or two in warm weather; it is understood, therefore, that the sugar-water must be kept in a cool place, and if it should at any time become sour, as is easily discovered if it is smelled and tasted, it should be thrown out, and, after the bottle has been carefully washed with boiling water, the contents of a fresh package dissolved. A milkman must be found who will serve every day fresh, good milk and cream. By good milk is meant ordinary milk, such as is easily procured in most cities, and not rich Jersey milk; and in the same way the cream should be such as is ordinarily used in tea and coffee, and not the very rich cream of fancy cattle. The reason that ordinary milk and cream are recommended is because they are within the reach of almost every one, and not because they are any better than the rich milk of high-bred stock. If Jersey milk were to be used, it would be necessary to analyze specimens and then make the necessary calculations as to how to dilute it to obtain the desired relative proportions of the proximate principles. When the child is to be fed, the nurse should mix together two tablespoonfuls of cream, one of milk, two of lime-water, and three of the sugar-water, and then as soon as the mixture has been warmed it may be poured into the bottle and the food is ready for use. If the infant be healthy, this quantity will not satisfy it after the first few weeks, and then double the quantity must be prepared for each feeding. Twice as many tablespoonfuls of each of the ingredients must be mixed together, making sixteen tablespoonfuls (about half a pint) in all.

"This food should not be given any stronger until the child is eight or nine months old, at least; but if the infant be a healthy one it may take as much of it as it wants, but always of the same strength. A robust infant will often take three pints, or even more, in each twenty-four hours. It is an easy matter for any one to learn how to make the lime water; and it is advisable to have it made at home, for a great deal is used, and if it is made at home much trouble and expense are saved.

"With regard to the propriety of increasing, from week to week, the strength of any artificial food given to infants there has been some question. Most authorities have advised that the foods should be increased in concentration until finally the infant is given pure cow's milk. The propriety of this procedure, during the earlier months of life at any rate, is very doubtful. Although there is some reason to believe that the quantity of solid ingredients in human milk increases from month to month as lactation goes on, such an opinion should be accepted only with great caution, for it seems likely that if there is any increase in the concentration of the milk after the colostrum has once disappeared and the nursing process has settled down into its even course, the increase is so slight that it may be disregarded. Analyses show that the milk of a woman whose child is two months old does not differ materially from that of one whose child is twelve or fifteen months old. If, then, nature has made no difference which our means of analysis will detect between the milk of a woman who has been nursing two months and one who has nursed twelve, an artificial food which has been found to suit an infant of two months should be made more concentrated only very gradually, and with careful observation of the effect upon the health of the infant. It is best, therefore, if the infant thrives and grows as it should, not to make any change in the food until after six to nine months of age have been attained.

"With regard to the use of condensed milk as a food for young infants, I can only repeat what I said in my former paper, that I cannot believe that any article which has been canned, and kept for weeks or months, or perhaps still longer, can be as good as the same thing when fresh. My table of analyses shows the composition of the dilution of condensed milk commonly used in this

city, and it shows that the proportion of fat is much too small, and for this reason, partly at least, it fails as a food. Its success is due to the fact that it contains nearly the same proportion of casein and sugar as exists in human milk. Dr. Ellwood Wilson is in the habit of directing that after the first few weeks a small proportion of fresh cream be added to the condensed milk, and this would render it still more nearly what is needed. This practice, which cannot be too much commended, if condensed milk be used, is not, however, at all a common one. Withal, I am unable to believe that condensed can be as good as fresh milk if properly used."

At a meeting held December 19, 1883, Dr. Roberts Bartholow read a paper on "Nitro-Glycerin and the Chloride of Gold and Sodium in the Treatment of Albuminuria." The former remedy (in one per cent. solution) is recommended, in drop doses, in the more acute cases, influencing as it does more directly the blood supply; the other, a double salt, is indicated in the subacute and chronic cases, especially the latter, in doses of one-tenth of a grain at first, reduced at the end of a week to one-fifteenth of a grain, then continued for a month in smaller doses. If good effects are not observed in two weeks, they may be discontinued. He had observed very good results from its use in this class of cases.

Dr. Charles H. Burnett read a paper on "The Supposed Connection between Ear Disease and Kidney Disease," in which, after reviewing the testimony of different observers, he arrived at these conclusions:

1. Evidences in favor of either frequent or well-marked aural lesions dependent upon renal diseases are extremely meagre.

2. Those lesions in the ear which have been found in connection with Bright's disease and diabetes mellitus, and which may have been dependent upon the dyscrasia induced by these renal disorders, are in the form of sero-sanguinolent and hæmorrhagic effusions into the drum-cavity. But the latter must not be mistaken for the sthenic form of otitis media hæmorrhagica.

3. From the serous nature of the membranous structures of the labyrinth organic changes might reasonably be expected in Bright's disease; but positive proof of the occurrence of such lesions based on ante and post-mortem history is wanting.

Dr. James Tyson read a "Note on some recently-suggested Delicate Tests for Albumen." In this communication he considered—1. A saturated solution of picric acid, suggested by Dr. George Johnson. 2. Saturated solution of ferrocyanide of potassium after free acidulation by citric acid, suggested by Dr. Pavy. 3. Standard solution of potassio-mercuric iodide, suggested by Tanret,* after acidifying the urine by citric acid. 4. Equal parts of a saturated solution of sodium tungstate (1 in 4), saturated solution of citric acid (1 in 6), and of water. 5. Acidified solution of potassio-mercuric iodo-cyanide. The last two were suggested by Dr. George Oliver in the *Lancet*, February 3, 1883. To complete our list of available tests, he added—6. The ordinary heat and acid test. 7. The nitric acid test, by Heller's overlaying method; and 8. The acidulated brine, suggested by Dr. Roberts, of Manchester, England, and consisting of an ounce of hydrochloric acid added to a pint of water saturated with common salt and filtered.

The lecturer, after reporting the result of his experiments, concluded that the sodium tungstate solution and the ferrocyanide of potassium, but particularly the former, are more delicate, as tests for albumen in the urine, than heat, acid or brine. These tests, however, like picric acid, precipitate peptones as well as albumen, and this may be a possible source of error. The ferrocyanide does not precipitate peptones, but gives a deposit with amorphous urates. If

* Mercuric chloride, 2.7 grains; potassium iodide, 6.4 grains; distilled water, 100 cc..

the quinine fallacy of the picric acid test be borne in mind, this solution, acidulated with citric acid, is an available test of great delicacy, cheap, and easily prepared; but the sodium tungstate was preferred, as being less liable to cause error. He would not, however, dispense entirely with the old heat and acid test.

Dr. William S. Little read a paper entitled "Eye Symptoms and Conditions in Bright's Disease." He stated that among nine hundred and eleven cases of Bright's disease reported by different observers changes in the retina had been recorded in one hundred and eighty-five, or about twenty per cent. Amaurosis had been known as a symptom of dropsy even before the renal disease was recognized by Bright, and long before the use of the ophthalmoscope. He continued as follows:

"Retinitis, generally symmetrical, if not always so, appears in all forms of kidney disease, while it is principally associated with the chronic disease of the cirrhotic kidney. Even though symmetrical, its presence is not always known to the patient. Especially is this so as long as the region of the macula lutea in the retina is not affected so as to produce a central scotoma. Lesions near the nerve and peripheral parts of the retina are not so productive of recognizable scotoma in the field of vision. These cases do not have the restricted visual field and rarely the loss of color sense that belong to optic nerve and brain troubles or contracted field of glaucoma. The symptoms may correspond to those of retinitis from any other cause—flashes of light, color sensations, dread of light, impaired vision to total blindness.

"The ophthalmoscopic examination may only reveal the lesion, the patient being ignorant of it and not observing the gradual change. The picture of this form of retinitis is a decided one, as a rule. When the changes are slight it is uniform, though at times a differential diagnosis is required from the conditions of the optic nerve and retina due to intracranial disease or to pernicious anæmia.

"While the lesions occur generally near the optic nerve and to the temporal side, the nerve itself is not implicated to the degree that might be expected from the picture it presents. The separate spots in the retina finally coalesce, approaching the disc and involving it; in other cases they surround the region of the fovea centralis and are much smaller. They may occur anywhere in the retina, varying in size; the shape is somewhat quadrilateral, but may vary as they progress; they present a white appearance. The tissue near the disc, and the disc itself, appear striated; spots of hæmorrhage are found from rupture of retinal or choroidal vessels; opacities in the vitreous are seen. The state of pigmentation is the latest. In chronic cases the color of the fundus is peculiarly yellow, and the character of the picture is at times very much like the neuro-retinitis of brain disease or pernicious anæmia.

"The changes result from the hyperæmia and infiltration of the tissue, fatty degeneration and atrophy producing changes in the blood-vessels with hæmorrhage; a fatty deposit occurs in the retinal tissue, the fibres of the retina become sclerosed, and pigmentation follows.

"The optic nerve is not seriously involved, though gray degeneration may exist and numerous amyloid bodies may be seen with the microscope. The retina does not always present all the stages described; the kidney disease being amenable to treatment, the retina may not undergo any further change; where it is chronic, a like progression ensues in the retina. Marked lesions at times disappear, leaving only a slight trace. The hæmorrhagic state is more severe, the sight not only being lost, but the patient's life also being endangered.

"During gestation the same picture exists; the optic nerve may be more seriously involved. A case recently seen, and having uræmic symptoms, being unconscious two weeks prior to the delivery of the child, it being born dead,

had complete atrophy of one optic nerve, with extensive retinal lesions; the other nerve partially affected, and slight retinal changes; patient almost entirely blind. In another case, with convulsions, only slight changes in each eye near the fovea. In succeeding pregnancies the conditions may arise again, producing more serious changes in the retina.

"The prognosis, so far as the vision is concerned, is serious when the region of the yellow spot in encroached upon; and yet fair vision may remain after subsidence of the disease.

"Can a prognosis as to the duration of the disease or as to its fatality be derived from the eye symptoms? Only in the chronic stages of the disease when retinal hæmorrhages are extensive and repeated, the heart being diseased. Traube considered the heart the immediate cause of these retinal hæmorrhages, but they exist in cases without heart trouble and in other diseases of the system, and in intraocular conditions. Brain symptoms soon follow in these severe types of retinitis, in chronic kidney disease a general hæmorrhagic condition being developed, or uræmia may ensue. In the acute forms of Bright's disease no prognosis of any value can be formed from the eye symptoms, though severe.

"As to treatment of the eye in this disease, only what renders the disease of the kidney controllable is of advantage to the retina; leeching may be useful if the patient be not too anæmic. For the vitreous opacities, in cases where the disease is under control and the acute condition of the eye abated, electricity is of considerable value, much more so than any plan of medication.

"The microscope shows a sclerosis of the retinal fibres, the walls of the blood-vessels degenerated, fatty deposits along the fibres and in the layers of the retina, also in places a pigmentation. The choroidal vessels are implicated as well.

"Uræmic amaurosis is rare, Wagner finding one case in one hundred and fifty-three of Bright's disease. Graefe found two cases in thirty-two cases of albuminuric retinitis. It presents no retinal change that is recognizable.

"As yet we cannot tell why the retinal changes occur with disease of the kidney. Does the structure of the retina and its proximity to a highly vascular tissue account for it?"

In the discussion on Dr. Little's paper Dr. Albert G. Heyl said: "I desire to direct attention to the relation which exists between the intraocular phenomena observed in Bright's disease and the anatomical arrangement of the intraocular arteries. The latter are divisible into certain areas—thus, we have one area composed of the arterial circle of Zinn which supplies the optic papilla, another formed by the arteria centralis retinæ which supplies the retina, another composed of short posterior ciliary arteries which supply the posterior half of the choroid, still another composed of the long ciliary arteries which supply the iris and the anterior half of the choroid; the short anterior ciliary arteries also take part in the formation of this area. Now, it is established that abnormal changes in connection with Bright's disease may exist primarily in each of these areas, with perhaps one exception, to be mentioned directly. Thus, the papillary area may be affected, and a papillitis will be found on application, the choroid and retina and iris being unaffected. Again, the posterior choroid area may be affected, and there will be found the phenomenon of subretinal œdema, and also in the choroid the white accumulations so well known in connection with Bright's disease. Both of these forms are considered to be rare; perhaps they would be observed oftener were we more alert. A case reported by me (*Amer. Jour. Med. Sci.*, October, 1874) of retinal separation occurring in one eye, while simultaneously the other was affected by temporary amblyopia, probably belonged among the affections of the posterior choroidal area. Further, the retinal area may be affected, and the peculiar retinal appearances so well known are found. So far as I am aware no separate affection of the irido-choroidal area has been

described; th re seems to be no reason why it should not occur. Of course there are many cases in which the areal lesions exist together, but they are to be looked upon as the result of one common cause, not as the result of a morbid process starting in one area and gradually implicating the others.

"In referring to the snow-like patches of the fundus, commonly looked upon as the characteristic intraocular appearance of Bright's disease, I think that, to a certain extent, they are to be looked upon as the remnants of intraocular hæmorrhage. While hæmorrhagic clots formed of normal blood are absorbed without any whitish residuum being left, the case is different where the blood, as it circulates in the vessels, is in a morbid state. Thus, in a case of pernicious anæmia I have observed a number of round red hæmorrhagic spots with white centres. On examination, ten days later, the red coloring matter of the hæmorrhages had largely disappeared, leaving as a residuum white masses. Some of these were speckled with red points arranged in spindle form like the hæmorrhages of the retinal nerve fibre layer. They were, however, simply the unabsorbed remnants of the round hæmorrhagic spots seen ten days before. So in morbus Brightii the blood is in such a morbid condition that hæmorrhagic clots rapidly lose their red coloring by absorption, leaving behind a white residuum, which may partially, at least, explain the white placques seen with the ophthalmoscope.—*Phil. Med. Times.*

BIOGRAPHY.

Dr. James Gates Percival.

A WESTERN MAN'S TRIBUTE TO AN EASTERN-BORN GENIUS.

The Hon. Beriah Brown in the Seattle (Washington Territory) Herald.

Your request of me to tell you what I know of Dr. James G. Percival, the poet and scientist, can only be answered briefly and very imperfectly for any public use. My limited library furnishes me no text upon this subject in any American publication, and I find only the following brief notice in a British publication, edited by William Keddie, Secretary to the Philosophical Society of Glasgow. It is under the caption of "Percival, the American Poet," and reads as follows:

"Dr. Percival is one of the most eccentric men in the world, and one of the most learned. He lived a long time in a garret—literally a garret, after the manner of the old poets—at New Haven, and had very few companions save his books, cabinet, and herbarium. He reads with fluency ten languages, and is so familiar with the Latin, Greek, French, Spanish, German, and Italian that he can take a work never before seen by him in any of those languages and read it in English with as much correctness and ease as he would one of his own poems. For several years he was engaged in making a geological survey of Connecticut, and his report was laid before the Legislature of that State, when a proposal to give the copyright to the author, after a certain number of copies should be printed for the use of the State, was discussed. On this occa-

sion one of the members said that, in his examination of our geology, Dr. Percival has been on one side at least of every square mile in the State, except where river or lake had interrupted his progress. He had walked over every hill, plain, and morass in Connecticut, with his basket on his arm and his bag on his back, stopping at the farm-houses at night and resuming his examination at early light. He was engaged in this work for five years, and his salary never exceeded $300 per annum. The Legislature, of course, adopted the proposal of giving to him the copyright. He is one of the poorest, as well as one of the most meritorious, of our authors."

Dr. Percival was not "eccentric," according to the popular acceptation of the term. His life and character were in perfect accord with his nature. His temperament was nervo-bilious in excess, and he was abnormally sensitive, almost to the degree of monomania. He was utterly destitute of self-confidence or the power of self-assertion. Morbidly conscious of his share of our common infirmities, and painfully fearful of provoking comment or criticism from his fellows, he instinctively—not studiously—excluded himself almost entirely from social intercourse. His physical and mental nature seemed ill-adjusted to each other—mind and matter composed of discordant elements; the most erudite scholar of his age, endowed with the divine spirit of poesy in the highest degree, apparently walking the earth in the cast-off body of a starved mendicant or an executed felon, with the physical conditions pertaining thereunto. His manner was as abject as that of a beggar and as furtive as that of a hunted criminal.

Of the antecedents and early life of Dr. Percival, tradition represented him as a poor boy, seeking an education at Yale College. His extreme bashfulness and *gaucherie*, combined with his manifest poverty and starving habits, made him the butt and laughing-stock of all his gay and thoughtless fellow-students. This treatment, operating upon his morbid sensibility, well-nigh drove him to insanity, and undoubtedly confirmed him in that undemonstrative and unsocial manner which was the curse of his life. His supposed design was to prepare himself for literary pursuits solely, and to make authorship his vocation. If such was his purpose it was cruelly thwarted by his evil genius. His first few contributions to the press—now treasured as gems of American literature—were damned by derisive sneers at their unprepossessing author.

Shortly after the first publication of his poems, and the criticisms upon the same, he was found insensible in a stone quarry, where he had sought to rid himself of the brains which had proved his curse by butting his head against the rocky walls.

He published no more, but devoted himself entirely to scientific pursuits, for which he had a remarkable aptitude, until his physical necessities compelled him to become a hack writer for distinguished literary men of more practical ability. *He was the sole author, compiler, and*

editor of the first edition of Webster's Unabridged Dictionary, giving not only the definitions, but the root and history of over 16,000 *words derived from other languages, including all the written languages of the world*—30 *in number—of every one of which he must have had some critical knowledge.* Regarded in this light, it is the most wonderful literary labor ever *performed by one man.* No other lexicographer ever accomplished it. Dr. Johnson was the literary wonder of his age. Horace Walpole says of him: "His dictionary is a surprising work for one man, but sufficient examples in foreign countries show that the task is too much for one man, and that a society alone should undertake to publish a standard Dictionary." Webster's *first* Dictionary was only a compilation from standard authorities, with the addition of purely American idioms and etymology, exhibiting neither originality nor research, being adapted only to the use of schools—to the learners and not to the learned, and was rejected as a standard by the British institutions of learning on account of the slang phrases, with only a local signification, which it attempted to introduce into the common English language. In regard to derivative words, which comprise so large a share of our language, the Dictionary edited by Percival, and published in the name of Noah Webster, is now adopted as the highest standard authority by all of the universities of Great Britain and America. *The great fortune of Noah Webster in life, and his world-wide fame as the greatest lexicographer of any age, are based solely upon the unrequited labor of Dr. James G. Percival, who died in poverty in a miner's cabin in Western Wisconsin, "unwept, unhonored, and unsung."*

PHARMACY AND THERAPEUTICS.

Chloral Hydrate as a Vesicant.—Dr. C. H. Hughes (New York *Medical Journal*, April 21, 1883) says that chloral hydrate is such a violent and excruciatingly painful vesicant as to render it unfit for use in ordinarily sensitive conditions. In 1877 his assistant physician at the Missouri State Lunatic Asylum, Dr. William Wood, employed chloral hydrate externally for the relief of intercostal neuralgia in his own person, and the effect of the application was to produce the most intense agony. He never wished to try the experiment again. Dr. Hughes relieved Dr. Wood of his chloral agony by repeated applications of wet towels, followed by lard spread on cotton batting. Dr. Wood's neuralgia was speedily relieved by the chloral, but the systemic shock of the application was too severe to justify the use of the remedy, and would have been greater but for the prompt employment of the wet towels. Circumstances may arise which would justify the use of this severe remedy where reaction to ordinary counter-irritation might be doubtful, but for ordinary vesicant indications and purpose the employment of chloral hydrate would be positively cruel.

Salicylic Paste.—O. Lassar (*Monatschrift f. praktische Dermat.*) recommends r cases of eczema which show intolerance of ointments a paste of equal parts

of oxide of zinc and starch powder with vaselin. To this paste are added various medicaments; especially useful is salicylic acid. The preparation does not liquefy at the ordinary temperature of the body, but dries on the skin, to which it adheres so closely, wherever applied, as to render a retaining bandage unnecessary. On hairy portions of the body it is objectionable, because of its sticking the hairs together. The zinc-starch paste has no irritating properties whatever, and is well borne when simple vaselin is not. The greatest advantage is its porosity, by means of which any secretions arising from the surface to which it is applied are absorbed instead of collecting beneath, as with ordinary ointments. The addition to the paste of salicylic acid in the proportion of two per cent. adds very decidedly to its curative effect, the formula is ℞. Acid. salicyl 2.0 (grs. x), Vaselin 50.0 (℥iv), Zinci oxid., Amyli āā 25 (℥ij).

Marshmallow in Palmar Psoriasis.—Dr. F. C. Berry, has called attention (*Practitioner*) to the use of marshmallow in palmar psoriasis. In one case in which Fowler's solution, chrysophanic acid, huile de cade, and other remedies had proved unsuccessful, the disease is said to have been cured in a month by the application of marshmallow ointment. The ointment was made by cutting the fresh leaves into small pieces, stirring them together with lard, boiling the mixture for half an hour, and then straining it.

Santonin in Gonorrhœa.—Dr. U. Anderson states (*Lancet*, November 10, 1883,) that after treating a patient for lumbrici the patient remarked that the medicine had not merely killed the worms, but cured a gleet of long standing. Dr. Anderson recommends for the latter disease, as a dose, 5 grains of santonin rubbed down with 5 grains of sugar of milk and taken twice a day, fasting, in milk.

Purgative Liniment.—The following has been found useful (*Zeitschrift der West. Allg. Apoth. Verein*) in cases where it is impossible to administer purgative *per orem*: ℞. Tinct. colocynth., ℥ix.; Ol. ricini., ℥xx. M. Every morning and evening one teaspoonful of this mixture is rubbed in over the abdomen. The tincture is prepared by the maceration of one part by weight of fresh colocynth seeds in ten parts of concentrated alcohol.

Tartaro-Aloetate of Iron.—*L'Imparziale* says that this is made as follows: Take of powdered socatrine aloes 2 parts, tartaric acid 1 part, freshly prepared iron hydrate 1 part, fine iron filings ½ part, water q. s. To the mixed ingredients, sufficient water is added to form a thin paste, the whole warmed to 50 deg. or 60 deg. C. for 15 minutes, and set aside for five or six days. The mass is then well stirred, and a small amount of water added from time to time, the whole filtered and the clear yellowish, brown liquid evaporated at a low temperature and the residue kept in a well-stoppered bottle.

Cod-Liver Oil and Iron Jelly (*Druggist*).—Cod-liver oil, 8 ounces; gum Arabic, 3 ounces; simple syrup, 1 ounce; tincture of iron, 1 ounce; oil of bitter almonds, 4 drops; water, sufficient. Place the gum and oil in a dry mortar and mix, and then add at once 5 ounces of water. Triturate briskly until the mixture thickens and acquires a milky whiteness. Scrape the portions adhering to the mortar and pestle, so as to render the whole homogeneous and free from non-emulsified oil, then add the oil of bitter almonds, syrup and enough more water to make 15 ounces. Finally, add the tincture of iron, poured in a small stream; mix well, and transfer to a wide-mouthed bottle. Should strychnine be required as an ingredient, it can be dissolved in a little water with the aid of citric acid, and added at any period of the process.

GERMAN ANTI-SPASMODIC MIXTURE.—The following (*Medical and Surgical Reporter*) is from the German pharmacopœia, and is much used as an anti-spasmodic in hysteria: From 15 minims to a half a drachm or more may be administered by potion or by enema two or three times daily. The dose may be increased when the convulsive accidents are of great intensity: ℞. Tinct. assafœtidæ, ℥ ss.; tinct. castorei, ʒ ss.; tr. opii, ʒ j. M.

SODIUM SALICYLATE VEHICLE.—S. Solis Cohen (*Medical and Surgical Reporter*, Dec. 1, 1883) suggests the use of equal parts of simple syrup and water, or of simple syrup and liquor ammoniæ citratis (B. P.) as vehicle for sodium salicylate, flavoring with oil of wintergreen, one minim to the ounce or two. He has used this sufficiently often to speak in its favor.

ANISEED CORDIAL.—The *American Druggist* highly recommends any of the cordials made after the following formulæ: 1. Oil of anise, Russian, 300 grains; deodorized alcohol, 14 quarts; syrup 15 quarts; distilled water, 7½ quarts. 2. Oil of anise, Russian, 150 grains; oil of lemon, 60 grains; oil of coriander, 30 grains; deodorized alcohol, 13 quarts; syrup, 15 quarts; distilled water 7½ quarts. 3. (Double anise) Oil of anise, Russian, 1½ fluid ounces; deodorized alcohol, 11 gallons; syrup, 1¼ gallons; water, 14 gallons.

CINCHONIDIN BENZOATE.—Byasson (*Pharmaceutische Post*) gives the following process for the manufacture of this salt: Dissolve 60 parts benzoic acid in 200 parts ninety-per-cent. alcohol, and pour the solution into a porcelain vessel containing 3,000 parts boiling distilled water. On the other hand, dissolve 200 parts of sulphate of cinchonidin in 2,000 parts of water, by means of dilute sulphuric acid, and precipitate with ammonia. Wash with a small quantity of cold water. Add the still moist precipitate to the hot solution of benzoic acid, and filter while hot. If the solution be not faintly alkaline, make it so by cautious addition of ammonia. On cooling, the cinchonidin benzoate separates in small, thin, prismatic needles, much resembling the neutral cinchonidin sulphate. By evaporation of the mother-liquor a new crop of crystals is obtained, which should be added to the first and then washed with cold water. The yield is about 200 parts.

GESUNDHEITS-SALZ.—Kletzinsky (*Druggist*, December, 1883) taught that the habitual use, in very small quantities, of the salts entering into his *Pulvis Halodiæteticus* is essential to preserve the normal functions of all the organs. The formula of this was sodium bi-carbonate, 30 parts; potassium chlorate, 15 parts; calcium phosphate, 10 parts; iron pyrophosphate, 7.5 parts; magnesia, calcined, 7.5 parts; calcium fluoride, pure, 2 parts; salicylic acid, pure, 2 parts. Mix.

ADMINISTERING SEIDLITZ POWDERS.—The ordinary method (*Druggist*, December, 1883) is radically wrong. When pouring together the two separate solutions of the blue and white powders, the reaction is so violent that one-half of the mixture has to be mopped up from the floor, while the remainder does its level best to choke the confiding patient, and it is quite a treat to see him battle heroically with the tumultuous waters in the tumbler. The only rational manner is to dissolve the soda powder in half to two-thirds of a tumbler full of water, and then to stir in the acid powder gradually, allowing the reaction to proceed slowly, and after adding the last consignment, let the customer drink in leisure. Printed directions on Seidlitz powder boxes should read: "Dissolve a large powder in half a tumbler full of water, then stir in a small powder. Drink while effervescing." People will much better remember "large and small" than "blue and white."

NEW METHOD OF EXHAUSTING DRUGS.—A. B. Taylor (*American Journal of Pharmacy*, November 1883) gives a process for exhausting drugs, which consists in using a portion of the finished preparation (from a previous operation) to macerate and partially exhaust the drug before using the next portion of menstruum, and, as there is no limit to the quantity of finished preparation which can be used when necessary, it is possible thoroughly to exhaust the drug completely. For example, if it be required to make two pints of tincture of arnica flowers, let there be taken: Arnica flowers (in No. 20 powder) six ounces avoirdupois; tincture of arnica flowers, two pints; diluted alcohol a sufficient quantity to make four pints. Moisten the powder with a pint of the arnica flower tincture; then pack firmly into a cylindrical percolator, and gradually pour upon it, first the remainder of the arnica flower tincture and then diluted alcohol till four pints of tincture are obtained.

WILD CHERRY SYRUP.—R. Rother (*American Journal of Pharmacy*, November, 1883) states that alcohol is preferable to glycerin in the preparation of wild cherry syrup, because it prevents fermentation and does not, like the glycerin, check the production of cyanhydric acid. He proposes to reject the glycerin. The formula then becomes: Wild cherry in No. 20 powder, 12 parts; sugar, granulated, 68 parts; alcohol, sufficient, or 4 parts; water, sufficient to make 100 parts. Mix alcohol and water in proportion of one part of the first to seven of the last, and moisten the wild cherry with six parts of the mixture. Pack the moistened bark firmly into a glass percolator and pour on of the same mixture till the liquid has slowly penetrated to the bottom of the column. Check the percolation for twenty-four hours by closing the exit. On resuming the operation let the current slowly flow, so that in twelve hours forty parts percolate are obtained. Pour three-fourths to four-fifths of this upon the sugar contained in a bottle and agitate occasionally until no more sugar is dissolved. Decant the clear syrup from the residuary sugar, and pour on this the remainder of the percolate, agitating as before, till all the sugar is dissolved. Finally mix the two syrupy solutions and strain through a No. 80 sieve.

SODIUM HIPPURATE has recently come into request owing to remarks by Dr. Garrod (*Midland Medical Monthly*) in the Lumleian lectures this year. He pointed out that when an excess of sodium hippurate remains in contact with an alkaline one of uric acid for a certain time, the uric acid entirely disappears. Excess of uric acid in the system was probably due to the absence of a sufficient quantity of hippuric acid to decompose it; since, in proportion as the diet partakes of a vegetable, and more particularly of a cereal character, the amount of hippuric acid in the urine is increased, and that of the uric acid decreased. The quantity of sodium hippurate necessary in a dilute solution to decompose uric acid appears to be in the proportion of twenty-five parts to one. Similar results were obtained by the use of sodium benzoate, the benzoic acid uniting with glycin, or gelatin sugar in the body, to form hippuric acid. As the chalk stones of gout and gravel or calculi consist of sodium urate, Dr. Garrod concluded that sodium hippurate would be useful in such complaints, and found that great advantage was derived by patients from the use of sodium hippurate and benzoate in gout, so much so that patients asked to be allowed to continue the use of the remedy. Sodium hippurate acts advantageously on the mucous membrane of the bladder and its appendages; where there is a tendency in the urine to become ammoniacal it checks it. Urine containing hippuric acid is less liable to decomposition than urine in which it is wanting. This action on the mucous membrane probably influences beneficially the secretion of colloid matter, and may thus prove valuable in gravel and calculus, since the secretion of colloid matter is intimately connected with the formation of the deposit of urates. The salt will likely be of

service in forms of eczema, connected with the presence of uric acid in the blood. Hippuric acid can be prepared artificially by heating glycin with benzoic acid, but is obtained most easily by evaporating the fresh urine of cows or horses to about one quarter its volume, and then acidulating it with hydrochloric acid. The crude acid is then dissolved in dilute solution of sodium hydrate, the boiling solution freed from color by the addition of hypochlorite, and the hippuric acid precipitated by hydrochloric acid, recrystallized from water, and saturated with sodium carbonate; or it may be obtained by boiling the fresh urine of herbivora with milk of lime, straining and evaporating, adding sodium carbonate, and subsequently purifying the salt by crystallization. The dose is twenty or thirty grains thrice a day.

Quinine Sulphate in Cinchonine.—In a recent discussion at the Paris Therapeutical Society (*Bulletin Générale de Thérapeutique*) Dr. Catillion raised the question whether the anti-febrile properties of cinchonine sulphate were not due to an admixture of quinine sulphate with the commercial cinchonine salt. Dujardin-Beaumetz was of opinion that cinchonine salt had the same action as the quinine salt but it was more capricious and irregular. Moutard-Martin had shown that it had definite anti-febrile properties; Tanret thought that the proportion of alkaloids in different cinchona barks was of more importance to manufacturers than pharmacists. Only one-third part of the bark alkaloids was soluble and made its appearance in the various pharmacopœial preparations of cinchona. The rest, with the red coloring matter, remained in the residuum. E. Petit held the contrary opinion. There were cinchona barks totally destitute of quinine, and all barks should therefore be analyzed before being used in commerce. Three-quarters of the Javanese cinchona alkaloids could be extracted by water, and the entire strength of the bark could be exhausted by fifty-six per cent. alcohol. Furthermore, it was permissible (according to the French Codex) to extract the alkaloids by water first and then complete this extraction by an acid liquid. Tanret was of opinion that even with an acid liquor (unless a prejudicial quantity of acid) all the alkaloids could not be extracted.

Volatile liniments are applied to best advantage (*Druggist*) by saturating a cotton wad with them and then keeping the latter on the painful spot under the palm of the hand or by covering it over with rubber tissue. Where the application is pungent it must of course be moved about to prevent local blistering. The fact is generally lost sight of that the more a volatile fluid is rubbed about the more rapidly it is dispelled, failing to leave any impression. This includes camphor, chloroform, ether, oil of mustard and other ethereal oils. In the case of non-volatile liniments it is, of course, different. Such must be rubbed into the pores in order to derive any benefit. A good embrocation for facial neuralgia may be made by mixing chloroform, oil of peppermint, tincture of aconite root, tincture of opium, and spirits of camphor.

A New Test for Impurities in Chloroform.— Von Ivon (*Druggist*, Dec., 1883) says a solution of potash of permanganate is reduced by impure chloroform, but not by the pure article. A solution of one gram of potash permanganate and 10 grams of alcoholic potash solution in 250 grams of water possesses a beautiful violet color, which at once turns green when impure chloroform is mixed with it. Von Ivon purified the chloroform by dissolving the permanganate in the least possible quantity of water, adding 20 grams of potash and mixing this solution with the chloroform in a large flask, and shaking it from time to time. After a few hours it was decanted, and a fresh solution of permanganate added, and the operation repeated, until the latter retained its color for a few hours. The chloroform was then poured off, and dried with potash carbonate, and finally distilled.

Bismuth Salicylate.—Dr. L. Wolff *American Journal of Pharmacy*, November, 1883) states that the different processes hitherto suggested for the preparation of this salt result in admixtures of it and bismuthyl nitrate or bismuthyl chloride. He makes a concentrated solution of sodium salicylate, with which he decomposes the glycerine solution of crystalline bismuth sub-nitrate. This resulted in the formation of bismuthyl salicylate, sodium nitrate, free nitric acid, salicylic acid and water, which were removed with water, and the still adhering salicylic acid removed by washing with hot water, and subsequently alcohol. The bismuthyl nitrate will yield on boiling with concentrated solution of sodium salicylate a bismuthyl salicylate. Bismuth salicylate is of a granular consistency, and is not easily reduced to impalpable powder in the morter. It is of a pinkish appearance, and under the microscope is distinguishable from the sub-nitrate by being of a distinct granular character. The granules are of even size, while the sub-nitrate consists of uneven broken crystals. In water, ether and alcohol it seems insoluble, and its solubility in acids is probably due to its decomposition, and the formation of bismuthous salts. Tests for purity consist in the absence of acid reactions, of water boiled with it (salicylic acid), its rapid combustion on platinum foil, with liberation of phenic odors, free from nitrous acid vapors and its distinct granular appearance without crystalline fragments under the microscope (bismuthyl nitrate).

REVIEWS.

A Treatise on the Diseases of the Nervous System. By James Ross, M.D., LL.D., Fellow of the Royal College of Physicians, London, etc. Illustrated with lithographs, photographs, and three hundred and thirty woodcuts. Second edition, revised and enlarged. New York: William Wood & Co., 1883. Two vols. Pp. xxi.–1,023; ix.–1,047.

There is a good deal of "padding" in this book, and this is all the more to be regretted, as there was no occasion for any. The work contains a vast deal that cannot easily be found elsewhere, and there was no reason possibly for stuffing it with long extracts from works on the anatomy or the physiology of the nervous system. This almost universal vice, or this device for swelling a volume into proportions sufficient to ensure attention, the author could easily have avoided. This book would have been all the better for it. Indeed, it is a great treasure-house of most valuable facts, and one which would be a positive addition to any library. As a work of reference it is very valuable. It does not appear to contain anything original, but this does not render the book the less acceptable. It is on that very account more judicial, magisterial and comprehensive.

A Practical Treatise on Disease of the Skin, for the Use of Students and Practitioners. By James Nevins Hyde, A.M., M.D., Professor of Skin and Venereal Diseases, Rush Medical Col-

lege, Chicago, etc. Philadelphia: Henry C. Lea's Son & Co. 1883. Pp. 572.

The author of this work does not observe the promise made in the preface of writing concisely. His style is very diffuse, pleonastic and ambiguous. His sentences are often badly arranged, and the words are so involved as to produce confusion and doubt as to his meaning. His descriptions of diseases, though, of course, compiled, are yet lacking in definiteness and completeness. His views, not being original, but drawn from orthodox sources, are not open to criticism. His prescriptions are very abundant and voluminous, and if he had only bestowed as much attention in developing the principles which ought to guide the prescriber, as he has upon prescriptions, his therapeutics would have been more valuable. As a whole, the work is fair enough, but its *raison d'être* is not conspicuous.

Deep Breathing as a Means of Promoting the Art of Song, and of Curing Weaknesses and Affections of the Throat and Lungs, Especially Consumption. By Sophia Marquise A. Ciccolina. Illustrated. Translated from the German by Edgar S. Werner. New York: M. L. Holbrook & Co. Pp. 48.

This work reminds the reader of his first efforts at composition: say of his composition on the cow, or, if early patriotic, of his effusions upon the American eagle. It is remarkable for its very frequent use of the first person in pronouns; for the absolute ambiguity of the relations of "deep breathing" to "song;" and for the very original conceptions of the authoress as to the pathology of "consumption." It, by inference, is rather a satire on doctors who, trying, by all of the influences of climate, diet, exercise and therapeutics, to mitigate the ills of consumption, are not aware that it can be "cured" by "deep breathing."

It is to be hoped that this simple but enthusiastic teacher is, ere this, engaged in the higher work of woman: taking care of an affectionate husband, and rearing up soldiers for the State. It is a better field for her, and one which it is hoped she will cultivate to advantage; leaving the "cure of consumption" to those who look to the use of stronger forces for this purpose than are to be found in "deep breathing."

Marine Hospital Service. Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the year 1883. Washington, D. C.

The size of this work shows that the hospital service is a matter of voluminous detail. It requires very many facts and figures, even with a great deal of discursive writing and special pleading, to fill up four hundred pages. The most valuable part of the work is represented by reports of cases, and every one will read with pleasure and profit the report of the yellow fever in Florida, as given by Dr. R. C. White.

A Hand-Book of Therapeutics. By Sydney Ringer, M.D., Professor of the Principles and Practice of Medicine in University College, Physician to University College Hospital. Tenth edition. New York: Wm. Wood & Co.

None but the babes and sucklings in medicine, and the graduates of some of the Ohio medical colleges, are unfamiliar with this standard work and long-accepted authority. It has long been a standard volume both in England and in this country.

Parrish's Treatise on Pharmacy. Fifth edition, enlarged and thoroughly revised. By Thomas S. Wiegand, Ph.G. With two hundred and fifty-six illustrations. Price, $5.50 cloth ; $6.50 sheep. Philadelphia: Henry C. Lea's Son & Co. 1884.

This is an old favorite. A valued and most useful text-book in colleges and pharmacies. This edition contains the preparations of the new "Pharmacopœia," and the work has been edited and issued with great care and fidelity. It is published faultlessly.

Elixirs; their History, Formulæ, and Methods of Preparation. By J. U. Lloyd. Second edition. Price, $1.25. Cincinnati: Robert Clarke & Company. 1883.

Physicians who compound their medicines in whole or in part will find this little work very useful and valuable. It is just such a guide as they often need, and it is one worthy of all confidence.

A Few Observations on the Use on Chloroform in Natural Labor or Obstetrical Practice. Original paper presented to the Texas Medical Association at its Fifteenth Annual Session. By H. C. Ghent, M.D., Belton, Texas.

This is a subject of great practical interest to every physician. The author of this pamphlet has prepared it with great care. He has cultivated a large field of study, and he offers with good judgment, and after due selection, the valuable fruits of his harvest. His conclusions are as follows:

First.—In all cases of so-called natural labor, I advise the use of chloroform as an anesthetic, for the relief or mitigation of painful sensations.

Second.—I confine its use to the second stage, as a rule.

Third.—I exhibit it by means of a folded kandkerchief, taking special care always to allow free dilution with atmospheric air.

Fourth.—Ordinarily give it to the extent of obtunding sensation, but, if necessary, of abrogating the painful sensations, but not of abolishing consciousness.

Fifth.—It should be given intermittently; that is, during the pains, or uterine contractions, but never in their absence.

Sixth.—If danger of rupturing the perinæum, give the chloroform for its full relaxing influence or effect over that structure.

Seventh.—When there appears to be danger of lacerating the cervix, before complete dilatation, do not hesitate to give chloroform, in small doses, during the pains.

Eighth.—In the least apprehension of danger from a want of sufficient tonic contractions on the part of the muscular fibres of the uterus, give ergot, either per orem or by hypodermic injection, about the conclusion of the second stage of labor.

MALARIA. By S. BARUCH, M.D., New York.

This pamphlet is a reprint from the *New York Medical Record*. While the author gives in it nothing new or original, he has managed to present, with very clever comprehensiveness, a great deal of interest and value. The paper evinces much careful thought and sound judgment. The author, formerly of South Carolina, and justly appreciated there both personally and professionally, has made his home in this great city. He has brought with him the elements of success, and fully deserves this.

BOOKS RECEIVED.

DISEASES OF THE BLADDER. F. J. Gant, F.R.C.S. Bermingham & Co.
MEDICAL JURISPRUDENCE. Allan McLane Hamilton, M.D. Bermingham & Co.
DISEASES OF THE HIP. V. P. Gibney, M.D. Bermingham & Co.
EXCESSIVE VENERY. Joseph W. Howe, M.D. Bermingham & Co.
REPORT SKIN AND CANCER HOSPITAL, N. Y.

Further list of books and pamphlets in next number.

MISCELLANEOUS.

THE SIMS MEMORIAL FUND.

TO THE MEDICAL PROFESSION AND OTHERS THROUGHOUT THE WORLD:

THE great achievements of Dr. J. Marion Sims call for some more lasting testimonial than obituaries and eulogies. To him medical science is indebted for much brilliant and original work, especially in gynæcological surgery. Those who have been benefited by his teachings and new operations, and such as have had the direct advantage of his personal skill, are among the first to recognize and acknowledge this debt.

To him is due the honor of giving the first strong impulse to the study of gynæcological surgery in America.

It is believed that the medical profession everywhere, the vast number of women who owe their relief from suffering directly to him, and those who realize the benefits he first made possible, will gladly unite thus to honor the man through whose original and inventive genius such blessings have been conferred upon humanity.

At the suggestion of many friends, therefore, the subjoined committee has been organized, and it is proposed that a suitable monument be erected to his memory in the City of New York.

To this end the active co-operation of the medical profession and the many other friends of Dr. Sims throughout the world is respectfully solicited. Contributions of one dollar and upward may be forwarded to this journal which has been constituted the treasury of this fund—*The Medical Record;* New York.

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J. R. Chadwick, M.D., Boston, Mass.
Wm. H. Byford, M.D., Chicago, Ill.
A. R. Jackson, M.D., Chicago, Ill.
T. A. Reamy, M.D., Cincinnati, Ohio.
C. D. Palmer, M.D., Cincinnati, Ohio.
G. J. Engelmann, M.D., St. Louis, Mo.
R. Beverley Cole, M.D., San Francisco, Cal.
H. F. Campbell, M.D., Augusta, Ga.
R. B. Maury, M.D., Memphis, Tenn.
E. S. Lewis, M.D., New Orleans, La.
J. T. Searcy, M.D., Tuskaloosa, Ala.
R. A. Kinloch, M.D., Charleston, S. C.
Hunter Maguire, M.D., Richmond, Va.
S. C. Busey, M.D., Washington, D. C.
H. J. Byrd, M.D., Baltimore, Md.
W. J. Howard, M.D., Baltimore, Md.
D. W. Yandell, M.D., Louisville, Ky.
Seth C. Gordon, M.D., Portland, Me.
F. E. Beckwith, M.D., New Haven, Conn.
A. W. Knox, M.D., Raleigh, N. C.
L. W. Oakley, M.D., Elizabeth, N. J.
E. A. Woodward, M.D., Brandon, Vt.
Alfred Crosby, M.D., Concord, N. H.
E. S. Dunster, M.D., Ann Arbor, Mich.
A. J. Stone, M.D., St. Paul, Minn.

Other names may be added to this list from time to time. Over $2,000 paid in.

KANSAS DOCTORS.—The laws of Kansas do not allow the prescription of liquors by physicians except under circumstances of extreme need, and the physician has to take the risk of a jury's deciding against him on this point.

THE *American Psychological Journal* (October, 1883) continues its useful work of endeavoring to improve the position and treatment of the insane. The chief article in this number is a strenuous insistance on the point, often urged in these columns, that the business of asylum medical officers is not to manage the farm, or purchase the stores, or supervise the machinery, but to treat the patients. This desirable limitation of their duties is, however, as far off as ever, and there is not yet the slightest sign of its approach. Meanwhile, our knowledge of insanity is at a standstill, and our treatment is chiefly castor oil.—*Med. Times and Gazette.*

DISAPPOINTING THE DOCTOR.—WATERBURY, Conn.—Five weeks ago, while operating a planer in the Blake & Johnson machine shop, William E. Hindes had his head caught in such a manner that a bolt an inch square was forced into it just above the left temple, to his brain. Dr. North told him he should adjust his affairs, as death must ensue soon. Hindes replied : " I am not going to die." No trepanning was resorted to, but the man recovered, and is now almost as well as ever. The throbbing of his brain may be seen through the great hole in his temple.

Mr. Holloway is dead, and the papers have been full of moralizings on his career. There is doubtless a lesson to be drawn from the life of every successful man, and the one who wins his success by playing on the foolishness and credulity of his kind is an object especially worthy of meditation. His prosperity leads one to realize the low average of human intelligence, and tends to check overweening conceit in one's own powers, just as the sight of a successful conjuror depresses one's estimate of one's own acumen. Mr. Holloway, we are informed by a correspondent, was a great hypochondriac. In his earlier days, when he lived over his pill-shop in the Strand, he often consulted Mr. Digby, a well-known practitioner of the neighborhood, whose remedies, we are told, he invariably preferred to his own. Mr. Holloway will be chiefly remembered as the man who first conceived the possibilities of fortune which lie in the modern development of the advertising system. It needed a certain kind of genius to see that; and he has shown the same grandeur of conception in the two remarkable institutions to which he has devoted such a large part of his fortune. But the moral of his life is not a wholesome one. It is sufficient to tempt unstable minds astray. It is not pleasant or encouraging to the medical practitioner, who, after a life of incessant but honorable labor, barely manages to provide for his family, to see a seller of quack medicines ranking among the richest millionaires in the world. Holloway's success and that of his imitators has not had a good effect on the medical profession, and if there is no open advertising by medical men, there is more than enough of advertising under the rose. There are men amongst us—not greatly respected, it is true—who manage to advertise themselves in almost as many newspapers as Holloway, and without paying a sou; but, happily, we have not heard that they have secured any share of his marvelous success.—*Med. Times.* [This criticism is equally applicable here.—E. S. G.]

Sleeping Together.—Somebody has said that more quarrels occur between brothers, between sisters, between hired girls, between clerks in stores, between apprentices in mechanics' shops, between hired men, between husbands and wives, owing to electrical changes which their nervous systems undergo by lodging together night after night under the same bedclothes than by any other disturbing cause. There is nothing that will so derange the nervous system of a person who is eliminative in nervous force than to lie all night in bed with another person who is absorbent in nervous force. The absorber will go to sleep and rest all night, while the eliminator will be tumbling and tossing, restless and nervous, and wake up in the morning fretful, peevish, fault-finding, and discouraged. No two persons, no matter who they are, should habitually sleep together. One will thrive and the other will lose.—*Exchange.* Note.—This is a very ingenious theory, and very welcome to every Captain Caudle with a scolding wife; but it is not sound. Doctors never sleep together and yet they are always quarreling.

What to Drink to Keep You Warm.—"If you want a drink that will keep you warm a whole night long out of doors," said an old policeman to a friend, "don't drink whiskey or rum or any liquor. The heat they afford is short lived, and leaves you cold and weak. They are worse than nothing. But drink a glass of ale and pepper—new ale and common black pepper. It will not affect your head, but it will keep your blood warm in the keenest wind and coldest rain." "I never tried the pepper part of that prescription," said a Third avenue car driver, "but ale is, I know, thought to be very warming. We car drivers have colder work than policemen do, I think, and the old ones among us have tried every drink you ever heard of. A lot of us were talking the whole thing over the other night. Hot rum, hot whiskey, brandy and ginger,

and all the cold, clear alcoholic drinks were discussed. But the majority were in favor of hot coffee. That is the least hurtful, the most heating, and the longest-lasting drink I know of."—*New York Sun.*

THE SKELETON'S BRIDE.—A short time ago a "leading living skeleton" was married to a young woman of average weight. A day or two later she returned to her parents in a condition—as they allege—of "raving insanity." The skeleton, refusing to believe that his personal appearance is adapted to drive the wife of his sternum (he has no bosom) crazy, has applied for a writ of habeas corpus to compel his bride's parents to surrender her to his loving humerus and ulna!! It is believed of the skeleton that his better three-fourths is perfectly sane and anxious to be with him, but that her cruel father is forcibly detaining her, wherefore the law is called upon to settle the dispute.

There is no doubt that a living skeleton is a person in the eye of the law, and is capable of contracting marriage with a woman of any weight. There is, therefore, no dispute as to the legality of the skeleton's marriage. He did not choose to marry a female living skeleton for the obvious reason that there are none on exhibition. The experiment of exhibiting female living skeletons has been tried in a timid way at our opera houses, but the skeletons have been almost lost to view in the folds of the dresses usually worn by chorus singers, and the experiment has been invariably recognized as a failure. To expect a living skeleton to marry a fat woman would be unreasonable, since the two would pass their lives in envying one another. Hence, it is clear that a living skeleton must either remain single or must marry an ordinary woman, and no one can blame the particular Skeleton who has taken the latter course.

The motives which induced the living skeleton's wife to marry him have not been announced. Possibly she is a New England woman, imbued with the Concord philosophy. She may have admired the skeleton's intellect, and desired to prove to the world that she placed no value on mere physical attractions. Perhaps she coveted a share of the living skeleton's salary, and felt that bonnets and sealskin sacques bought with his money would be as welcome as if they had been bought by a good man weighing two hundred and forty pounds. It is even supposable that she foresaw advantages in the possession of a husband of such light weight that she could enforce her views as to his proper course of conduct with one hand and without the least necessity of touching a broomstick. Whatever may have been her motives, she married the skeleton, and ought undoubtedly to assume the duties of a wife.

In spite of the skeleton's conviction that his wife is not insane, it is barely possible that she overrated the strength of her nerves and is really suffering the consequences. A living skeleton on private view ought not to be more startling than a living skeleton on public exhibition, but for all that he may be. If the skeleton's wife woke up suddenly in the night and saw the moonlight shining through her husband's ribs as he gazed out of the window, she may have mistaken him for a peculiarly frightful variety of ghost and so lost her reason. Or she may have strolled with him through the empty hall of the museum after the visitors had departed, and the sound of the midnight wind sighing through his legs may have been more than her courage could support.

In any event, the dispute between the living skeleton and his father-in-law can be easily settled. Either the wife is insane, in which case he does not want her, or she is sane, in which case he can easily release her from her parental gaoler. As an unhappy, and possibly ill-treated skeleton he deserves our sympathy and our best wishes for his success.—*Times.*

DR. A. AMES.—The board appointed by the Commissioner of Pensions to investigate the charges of irregular practices made against Dr. Azel Ames, a mem-

ber of the Boston Board of Medical Examiners of the Pension Office, has made a report to the Commissioner, in which they say that, after careful examination of the affidavits laid before them, it is their judgment that Dr. Ames is shown to have violated the instructions to examining surgeons, and to having been guilty of conduct unbecoming a member of the board to which he was attached, and that he is, therefore, unfit for the duties of such a position.

ADULTERATION OF FOODS—GLUCOSE IN SUGAR AND IN SYRUPS.—The fact is so well known as to be admitted by all (*Scientific American*) that a considerable part of the articles which we consume for food and for drink are open to the belief that "things are not what they seem." Meat and fish cannot very well be imitated, and we probably buy real beef, and veal, and chickens, and codfish, and halibut, though they certainly may be all of them so wonderfully fitted up for the purposes of sale as to impose on the purchaser sadly. But butter, and sugar, and coffee, and tea, and vinegar, and spices of every sort, we purchase in a state of purity in only exceptional cases. Wherever an imitation can be made that costs less money than the article which is the original, we may be sure that on an average our chance is good for getting the counterfeit.

We are apt to think that if we select a grade of high price in any special line, we are sure of getting what we profess to get, and perhaps it is a good plan to lay that flattering unction to our souls, for we feel better after it; but the simple fact is, that in general the higher the cost the better the adulteration pays, and as human nature is open to influences, the larger money brings us a more elegant style of imitation only.

Inasmuch, then, as the admixtures are so very common, it becomes for us a question of almost vital interest to know whether they are injurious to health, or whether they are harmless. If we barely lose our money, because we do not get what we think we do, that is bad enough; but if, on the other hand, we are at the same time poisoning, or at least injuring, ourselves and our families, the case assumes a very different aspect.

Our attention has been recently called to one form of adulteration which is so exceedingly common that we cannot go a single day free from it. We allude to the presence of glucose in sugars and in syrups, and we take up the subject in the hope that we may dispel some groundless fears. That the glucose is there is as sure as the sun rises daily. There may be some sugars and syrups that are pure and honest, but there are many which are not. We are not speaking at random in this, we are only testifying to what we know by experiment. We have purchased sample lots, here and there, in New York and in other places, taking care to get them only from dealers where we were likely to get our articles of as good quality as could be found. Chemical trial showed in almost every instance the presence of glucose.

An apothecary submitted to our examination a sample of sugar from a lot he had just purchased for his pharmaceutical use, which had been recommended to him as absolutely pure; it showed over five per cent. of glucose. We have seen barrels opened, found the maker's guarantee of perfect purity lying under the barrel-head, taken samples from directly beneath the printed falsehood, and found them rich in glucose.

We do not, therefore, dispute the presence of the admixture, but it is a perfectly harmless substance and need never cause alarm to any one. This is what we meant by saying that we hoped we might allay groundless fears. We may eat and drink glucose all our lives, our children may take it down *ad lib.* in their candy, as they are doing every day, we may have it in our delicious maple syrup on our buckwheat cakes, and they will not hurt us any more than the cakes are bound to any way; we may revel in glucose, and live and die happy.

Let us look at it chemically. There are, as natural products, two forms of

sugar everywhere diffused; they are known as cane sugar, and grape sugar. Taken as a rule, it may be said that cane sugar exists mostly in the sap or juices of plants, and grape sugar in the fruits, though there are many interchanging exceptions. They are composed of carbon, oxygen and hydrogen, the proportions being in cane sugar C_{12} H_{22} O_{11}, and in grape sugar C_{12} H_{12} O_6. They are both harmless, and nutritious to the human system; they are both sweet, the sweetnes of grape to cane being about as one to two. Chemically, cane sugar is a saccharose, and grape sugar is a glucose, the latter retaining this as a market name.

What we buy as sugar professes always to be cane sugar, made hitherto almost exclusively from the sugar cane. If now our grape sugar or glucose had been a natural product, say from fruits, there would probably never have arisen the prejudice against it which now exists. But it is not so; it is altogether a factitious article, and few people are sufficiently familiar with chemical principles to realize at once its real nature. All the glucose and grape sugar in the market is made by the action of sulphuric acid (oil of vitriol) on some vegetable material. In this country starch is used chiefly, as being the cheapest and most convenient, but linen rags are equally serviceable and produce an equally pure and excellent sugar.

That is one of the wonders of chemical combination—as much a wonder to the most thorough chemist as to any one else. He sees the work grow under his fingers, and what is done he does not know; he knows nothing but the result. He boils starch with sulphuric acid and water. The mixture, instead of being very sour is sweet to a certain extent; that is to say, sugar is there, but the acid is also there, for the acid has changed the starch to sugar, and yet has itself not been affected in the least. He throws in powdered chalk, which unites with the acid and, settling to the bottom, leaves a beautiful, clear, sweet solution of grape sugar.

Professor Billroth's Antiseptic Precautions.—The Vienna correspondent of the *Gazzetta degli Ospitali* was recently invited to a laparotomy in Professor Billroth's clinique in the following note: Dr. —— is hereby invited to the operation of —— which is to take place ——. It is understood that Dr. —— undertakes not to visit the same day, before the operation, sick rooms, dissection rooms, or other places in the Pathological Institute, and not to wear clothes which he may be in the habit of wearing in visiting these places.

The Dangers of Nerve-Stretching.—In a recent number of the *Annales de Charité*, Westphal reports the following case: A man, aged thirty-one, suffering from paralysis of the lower extremities, with spasmodic phenomena (startings of the limbs, exaggeration of deep and superficial reflexes, disturbance of sensation), was submitted to the operation of stretching the right crural nerve. Immediately after the operation a transient loss of the knee-jerk was noted, with stiffness of the muscles of the right limb. But incontinence of urine and stools with contracture of the flexor muscles, and the appearance of a large slough at the site of the operation also appeared and endured. The patient succumbed three years afterwards. At the autopsy the brain, the pons, and the medulla oblongata were found to have islets of degeneration; the cervical and dorsal segments of the cord were the seat of a diffuse degeneration, which attained its maximum in the middle part of the dorsal region; finally, the right half of the lumbar enlargement was sown through with numerous foci of degeneration, which Westphal considered as in all probability produced by the laceration resulting from the stretching of the right sciatic nerve. The weight of the authority makes the case worth recording in regard to the possible dangers of nerve-stretching.

THE PROSTITUTE.—Mr. Lecky, in his "History of Morals in Europe," has graphically described the condition of "that unhappy being whose very name is a shame to speak, who counterfeits, with a cold heart, the transports of affection; scorned and insulted as the vilest of her sex, and doomed, for the most part, to disease and abject wretchedness and an early grave, she is in every age the perpetual symbol of the degradation and the sinfulness of man; she remains, while creeds and civilizations rise and fall, the eternal priestess of humanity blasted for the sins of the people."

YANKEE SARDINES.—It is said that fully nine-tenths of the so-called sardines consumed in this country come from the State of Maine. Very few of the genuine French fish are imported now. These Yankee sardines are nothing but small herring prepared and put up in boxes, with attractive labels and French inscriptions. In Eastport there are nineteen establishments devoted to the production of sardines, besides three at Lubec, two at Jonesport, and one each at Millbridge, Lamoine, and Robbinston. In 1876 a New York firm did a lucrative business packing "Russian sardines" in Eastport!! These were little herring packed in small wooden kegs and preserved with spices of different kinds. It occurred to one member of the firm that these little fish might be utilized to better advantage by cooking them and packing them in olive oil, like the French sardines. The experiment had been attempted several years previous without success. The difficulty was to eradicate the taste of the herring. It was quite easy to cook the fish, pack them in olive oil in tin cans, and seal them airtight; but when they were opened they had not the rich, spicy flavor of the regular French sardines. After a great many experiments, one of the manufacturers succeeded in producing a compound of oil and condiments which removed the trouble.

The herring mostly used for making sardines are about four inches long, and are taken in immense quantities along the coast of Maine and New Brunswick. They can be purchased of the fishermen for about $5 a hogshead, although when the fish are scarce, as they often are in the spring, they bring as much as $15 a hogshead.

After being caught the fish are carried immediately to the factory and laid in heaps upon long tables. The first thing is to decapitate and clean the fish. The dexterity with which this operation is performed by the children who are employed is remarkable. On an average, seventy-five fish are cleaned and decapitated every minute by each child. Both operations are performed with one stroke of a sharp knife. A box holding about a bushel lies at the feet of each operator, and, as the cleaning is finished, the fish fall into the box. The pay for this work is ten cents a box, and some of the children make $1.50 per day.

The herring are pickled for half an hour, and are then laid upon trays and placed in a large drying room heated by steam. After drying, the fish are thrown into large, shallow pans of boiling oil, and thoroughly cooked. They are then packed in tin boxes by girls and women, and in each box is placed a quantity of the patent compound of oils and spices. Covers are then fitted to the boxes, and sealed on by men. As air must be excluded the cans when sealed are placed in a tank of boiling water, where they remain half an hour, and are then removed and placed on an inclined plane, so that the air inside rushes to one corner of the box. This corner is punctured with an awl, the hot air escapes, and the can is made airtight by a drop of solder. The boxes are then ornamented with gay French labels, stating that the inclosed are "Sardines à la Française." Some are labeled: "À l'huile d'olive." The oil used is cotton seed oil, such as is made in South Carolina principally, and is not always the best even of that. The best oil is used, however, for fish sold as "prime."—*Scientific American.*

Rule for Reducing Dislocations of the Hip Joint.—"Having flexed the leg on the thigh, and the thigh on the pelvis, slowly rotate the limb as far as possible, inwards or outwards, according as the toes pointed in or out before beginning the manipulation; then rapidly and forcibly rotate the limb in the opposite direction, and the head of the femur will usually slip into the acetabulum. For example: In the iliac and the sciatic dislocations, the toes point inwards; therefore, rotate inwards as far as possible, and afterwards rotate outwards. In the pubic and thyroid dislocations the toes point outwards, hence rotate the limb outwards still more, and then inwards."—*Ex.*

Recent Syphilitic Remedies.—Dr. Taylor, in the last edition of "Bumstead," mentions favorably several of the antisyphilitic drugs of more recent introduction, such as cascara amarga (Honduras bark), berberis aquifolium, tayuya and the alterative compound recommended last year in the *British Medical Journal* by the late J. Marion Sims. Gurgun balsam and kava kava are favorably mentioned for their effects in gonorrhœa and cystitis. Especial mention is made of coca erythroxylon in the treatment of syphilis, which Dr. Taylor states he has been employing in hospital and private practice for the past three years. He does not give it for any specific influence, but for its marked tonic properties on the heart, nervous system and capillaries, and its power to invigorate the system, to improve nutrition and to sustain life. As an adjuvant following a course of mercury or iodide of potassium he has found it to be attended by results which no other agent is capable of producing. Especially in the anæmia and cachexia of the secondary period is it valuable. Given with mercury it counteracts the adynamic effects of that drug. Several formulæ are given in which coca is combined, and the drug is spoken of in terms very enthusiastic.—*Med Age.*

Lust.—It is hardly possible that any empress in this century would, like Messalina, boast of having had intercourse twenty-five times in one night, changing her male companion several times during this experience, then retiring from the exercise exhausted, but not satisfied. No emperor of the century would boast, as did Messalina's husband, that he had deflowered ten Sarmatian maidens, who were captives, in one night. Herodotus tells us that among the Egyptians, when a beautiful woman died, the corpse was not embalmed for three or four days, lest those who did this work would first use the body for their lust. In the time of the Roman emperors *tribadism*, that depravation of the genital sense shown in women who sought the caresses of their own sex, was common: this female debauch was generally lingual onanism, that is, the use of the tongue applied to the sexual organs for masturbation. This loathsome vice was of Greek origin; Sappho, a Greek poetess, who lived in the island of Lesbos 600 years before Christ, vowed to sacrifice to Venus without the help of man, and young Lesbian girls followed her example; she gave her name to a particular form of poetic metre, Sapphic metre, and her name has also been given to this vice as a synonym for tribadism, Sapphism. Such conduct could not be attributed to any poetess of this age. Do you know that the famous Hippocratic oath required the physician to swear he will not seduce boys in the families he visits? How absurd to suppose that any physician of to-day would, or could be a pederast. In the time of the Roman emperors, Roman women sought solitary pleasures with the image of a human penis, called *priapus*, or *phallus*. The Greeks had their religious processions, at the head of which was borne an enormous image of the male organs of generation; the wild delirium, the mad orgies which the furious crowd exhibited upon these occasions have been admirably pictured in a recent novel translated from the German, called "Aspasia." And this was in the age of Pericles!—*Extract from Lecture of Prof. Theophilus Parvin.*

MEDICAL NEWS.

"GAILLARD'S MEDICAL JOURNAL has returned from the weekly to the monthly form," so says the *St. Louis Courier of Medicine*, in its issue for January, 1884. This is a piece of news. The change was made in July, 1883.

THE *Kansas City Medical Record* is the title of a new monthly journal published in Kansas City. It has a better appearance than most Western monthlies.

DR. CHARLES WILLIAM SIEMENS, generally known as Sir William Siemens, died in London, on the 19th of November, in his 61st year. He was a native of Germany, and was one of four brothers, all remarkable for their scientific knowledge and inventive powers.

BOSTON VIEW OF THE NATIONAL BOARD OF HEALTH.—The *Boston Medical and Surgical Journal* of January 10, 1884, says of the National Board of Health: "For the last two years, however, there has been an evident lack of confidence in it (the National Board of Health) at Washington, the direct result of which has been that Congress has placed in the hands of the President the large appropriation of $100,000 each year, to be used in controlling infectious diseases, and the President, through the Secretary of the Treasury, has disappointed the National Board of Health by putting this money at the disposal of the Marine Hospital Service. The board has not been able, apparently, to see, what has been so obvious to others, that this action has meant most decidedly that its existence in its present form is no longer desired. In any other country than the United States the resignation of its members would have been placed in the President's hands. · · · · Thirty pages out of the one hundred and two of the report before us [are] devoted to the old quarrel with the Louisiana Board of Health, and which probably few people are interested to hear now." The journal advises the National Board of Health to confine its energies to internal matters and to work in harmony with the Marine Hospital Service!!!

M. ALPHONSE GUÉRIN has succeeded to the chair of President of the French Academy of Medicine, just vacated by M. Hardy.

THE ASSOCIATION JOURNAL.—The Association decided upon the establishment of a weekly medical journal instead of the usual volume of transactions, and Dr. N. S. Davis, of Chicago, was chosen editor. The journal has appeared every week since its establishment; but it can hardly be said fully to represent, as it should, the highest interests of a body such as the American Medical Association.—*Canada Lancet.*

THE PROFESSION IN GREAT BRITAIN.—According to an analysis of the new issue of the *British Medical Directory* given in the *Medical Times and Gazette*, the whole number of practitioners is 25,038; 4,417 in London, 11,775 in the provincial list, 2,206 in Scotland, 2,430 in Ireland, 1,717 resident abroad, and 2,493 in the army, the navy, the Indian Medical Service, and the mercantile marine.

AUTOBIOGRAPHICAL NOTES BY THE LATE DR. J. MARION SIMS.—In *Harper's Monthly* for February is an interesting story by the late Dr. J. Marion Sims, entitled "Lydia Mackey and Colonel Tarleton." It is a revolutionary sketch, and is taken from autobiographical notes left by Dr. Sims, who was a great-grandson of Mrs. Mackey.

DIED, on January 25th, 1884, after an illness of twelve days, Mrs. John Blankinship, wife of Dr. John Blankinship, of Maryville, Tenn.

DEATH OF ROBERT B. TOLLES.—The most eminent maker of microscopic objectives in the world died in Boston, on December 17th, aged sixty-two years. His death seems to be an irreparable loss to science.

FEMALE PHYSICIANS IN INSANE ASYLUMS.—Dr. Sarah Stockton has been appointed physician to the female department of the Indiana State Insane Asylum.

DR. D. C. GAMBLE, who has been for a year past the St. Louis editor of the *Weekly Medical Review*, has resigned, and will be succeeded by Dr. Julius Wise, whose name is familiar to those who have followed the course of medical journalism in the West, during the last few years. He was the first editor of the *Mississippi Valley Medical Monthly.*

DR. SIMS.—A committee has been formed, representing the profession in various parts of the country, to obtain funds for the erection of a monument to the late Dr. Sims in New York. Dr. Fordyce Barker is the chairman, and Dr. George F. Shrady is secretary.

EDINBURGH UNIVERSITY.—The number of students at Edinburgh University in the Faculty of Medicine during 1883 was 1781. Of this number 682 were from Scotland, 620 from England, 33 from Ireland, 123 from India, 264 from the different British colonies, and 59 from foreign countries. The degree of Doctor of Medicine was conferred upon 31 gentlemen, and 189 took the degrees of Bachelor of Medicine and Master in Surgery, the proportion of students in this faculty on the register proceeding to graduation being 1 in 8.

WESTON'S WALK.—Weston, the pedestrian, has undertaken a great walking task. At the instance of some English temperance societies, he has agreed to walk fifty miles a day for one hundred consecutive days, and to deliver a temperance lecture each day after his walk. He is to use no liquor during the time. At last reports he had accomplished about three-fourths the allotted task, and was in good condition.

IN April of this year Prof. Frerichs will have completed his twenty-fifth year of office as Director of the Medical Clinic at Berlin. A committee has been formed to make preparations for celebrating the occasion with due honor.

DR. REICHERT, late Professor of Anatomy in the University of Berlin, died December, 1883, at the age of 73. He was appointed to the professorship in 1858, on the death of Johannes Müller, when the Chair of Anatomy and Physiology, held by that distinguished physiologist, was divided; the department of physiology being assigned to Dr. Du Bois-Reymond. A few months ago Dr. Reichert retired from his chair, and was succeeded by Dr. Waldeyer, of Strassburg.

CHOLERA.—A clean bill of health is now issued to all vessels leaving Egyptian ports. No cases of cholera have been officially notified in Egypt since December 26th.

AN attempt is about to be made on a large scale to drain and replant the Roman Campagna. A certain amount of drainage work has been made compulsory on the landowners, and no fewer than 80 irrigation companies under Government control have been set to work to reclaim the waste lands. Minor experiments have meanwhile been fairly successful. Long-deserted spots about S. Paolo Fuori le Mura have been made habitable by plantations of eucalyptus.

The *Journal of the American Medical Association* has successfully entered upon its second volume, and shows marked improvement in proof-reading; but somebody is still responsible for a good deal of uncertainty about French spelling and accents ("*Annals de la Societè Medico-Chirurgicalé de Liege*," for example).—*Med. Times.*

It has been shown by Knies and Horner, by injections of Prussian blue in dead bodies, that there is a direct communication between the two retinæ by the way of the optic nerves and chiasma. Pfluger has corroborated those assertions by making injections in dogs with a few drops of a saturated solution of fluorescine. This fluid is forced into the optic nerve, so that it passes not only into the subarachnoid but also into the subdural space. Two minutes after the injection both eyes showed a fluorescence of the retina, which persisted for five weeks. A small quantity injected into the orbital cellular tissue gave no result.

Baltimore is to have a polyclinic and post-graduate medical school. So are St. Louis, Chicago, Cincinnati, and Louisville.

National Medical University.—A bill has been introduced into the United States Senate to appropriate $1,000,000 as an endowment for a National Medical University at Washington, and $100,000 additional for ground and buildings. The bill proposes to recognize all forms of practice. Silly indeed.

Fear of Female Students in Russia.—All the female medical students in St. Petersburg—a class from which many redoubtable members of the Nihilist party have emanated—have just been compelled to take up their residence in a large boarding establishment, provided by the authorities, under the superintendence of Princess Shakafskoy, instead of being free, as heretofore, to live where they please. They are to pay 10 roubles per month for board and lodging, and be at home before nine o'clock in the evening, under penalty of exclusion from the medical course. Many of the ladies protested at first against this apparent restriction put upon their liberty, but eventually moved into their new official quarters.

An Excellent Record.—The New York, Pennsylvania & Ohio Railroad has a remarkable accident record. There has been but one passenger killed in the entire history of the road, covering a period of twenty-two years, and that one was caused by carelessness on the part of the passenger.

Major J. S. Billings, of the Medical Department of the Army, has been placed in charge of the Medical Museum in Washington.—*New York Tribune.*

The Beautiful Snow.—A Swiss scientist, Floegel, is said to have found, in examining the residue from the evaporation of freshly-fallen snow, living infusoria and algæ, bacilli and micrococci, mites, diatoms, spores of fungi (in immense numbers), also fibres of wood, mouse hairs, pieces of butterfly wings, skin of the larvæ of insects, cotton fibres, pieces of grass, epidermis, pollen grains, rye and potato flour, grains of quartz, minute pieces of roofing tiles, with bits of iron and coal.

The *Medical and Surgical Reporter* begins the new year with a further addition of four pages to its weekly issue, which now contains thirty-two pages. It also announces that the volume just closed completes a quarter of a century of its existence as a weekly journal. Begun as a quarterly a number of years earlier, it was transformed into a weekly towards the close of 1858, since which date it has appeared every Saturday.

Dramatic Performance in Aid of Hospital Funds.—A rather novel means of raising money for benevolent purposes has been tried at the Hôpital Saint Louis, Paris. The internes of the hospital got up an amateur "opera bouffe" in three acts, accompanied with appropriate scenery, and composed by themselves, for the benefit of the patients of the hospital. The performance took place in the new pavilion that was lately annexed to the institution, in the presence of 400 persons. The troupe included some of the first artistes of Paris, as well as amateur performers selected from among the internes of the hospital. The piece was entitled "Louis IX., Opéra polymorphe," and was well arranged, the performance ending with a ballet, followed by an apotheosis representing different categories of patients. The affair was a great success, and no less than 7,000 francs were realized on the occasion.

Nervi Nervorum.—Mr. Victor Horsley has discovered sensory nerve-fibres and tactile end-bulbs in the epineural sheath of mixed nerves, and he will demonstrate the specimens at the next meeting of the Royal Medical and Chirurgical Society on Tuesday, the 22d inst. Nerve fibres supplying the bloodvessels in the sheaths of nerves have been described both by Sappey and Krause, but we believe that anatomical proof of the theory of true "nervi nervorum" advocated by Mr. Marshall in the Bradshawe Lecture has hitherto been wanting.—*Lancet.*

The Blind.—The last census reveals the encouraging fact that the proportion of the blind to the population has decreased with each successive enumeration since 1851, in which year account of them was taken for the first time. The decrease in the decade ending in 1881 was much greater than in either of the preceding decennial intervals, the number of cases returned on this latter occasion being 22,832, equal to one blind person in every 1,138. This decrease is fairly attributable to the progressive improvement in the surgical treatment of the affections of the eye, and to the diminished prevalence amongst children of small-pox.

A new anti-vivisectionist organ called the *Champion* is about to appear in England.

There are 79 deaf-mutes in the Mississippi State Asylum founded for their benefit. They are instructed in lip-reading and articulation as far as possible, and the boys in shoe-making, carpentering, and type-setting and printing. The girls are taught sewing with the needle and the machine, ironing, and other household duties. Among the boys are 16 negroes, some of whom are described as bright and intelligent pupils. No death has occurred in the institution since its reorganization in 1871.

The *Jour. de Med. de Paris* says that decoction of quassia, applied to mosquito bites, constitutes an excellent remedy for the relief of the itching and irritation. When applied to the exposed portions of the body, it is also a preservative against the attacks of these very disagreeable and annoying insects.

Vaccination in India.—The total number of persons operated upon during the year was over 4,400,000. Generally speaking, the treatment appears to have been successful, the ratio ranging as high a 98.39 per cent.

The publishers of *New Remedies* announce of that journal, that as a result of the encouragement and support extended to it during the twelve years of its existence, they have made important changes and improvements in the journal,

beginning with January 1, 1884. The title has been changed to *The American Druggist.* It will be an illustrated monthly journal of pharmacy, chemistry and materia medica; price $1.00 a year. The January number has been received. The page is nearly double the former size, and the type is new and handsome. *New Remedies* has always been a welcome exchange, and all are gratified at this evidence of its prosperity and future prospects. William Wood & Co., publishers, New York.

A Scarcity of Anatomical Material in Chicago.—The *Weekly Medical Review* states that there has been a decided scarcity of anatomical material in Chicago during the present winter, and that, in consequence, resort has been had to the graveyards.

Damaschino, agrégé, has been appointed Professor of Medical Pathology at the Faculty of Medicine of Paris, in the room of Professor Jaccoud, promoted to the chair of Clinical Medicine.

The Northwestern Medical College of St. Joseph, Mo.—The State Board of Health of Missouri has fully exonerated the Northwestern Medical College, of St. Joseph, from all charges against it, and recognizes it as standing on a level with the best schools of the State. There was a full meeting of the Board, assisted by Drs. Rauch and Taliafero, of the Illinois Board.

The editors of the *Archives of Medicine* with the December number announce a discontinuance of the journal, after a satisfactory existence of five years. The suspension is rendered necessary, not from lack of support by contributors or subscribers, but through a combination of extraneous circumstances.

The January number of the *American Journal of Obstetrics* contains an excellent steel engraving of the late Dr. J. Marion Sims.

The Late Dr. J. Marion Sims.—It is announced that a former patient of Dr. Sims will give a bronze bust of the deceased surgeon, to be deposited in the new building occupied by the Harvard Medical School.

State Medical Society Officers.—The New York State Medical Association, at its meeting at Albany, elected the following officers: President—Dr. H. D. Didama, Onondaga County; Vice-presidents—First District, Dr. J. Mortimer Craw, Jefferson County; Second District, Dr. Tabor B. Reynolds, Saratoga County; Fourth District, Dr. B. L. Hovey, Monroe County; Fifth District, Dr. N. C. Husted, Westchester County. Recording Secretary—Caleb Green, Cortland County; Corresponding Secretary—E. D. Ferguson, Rensselaer County. Treasurer—J. H. Hinton, New York County; Councilors—First District, John P. Gray, Oneida County; Conant Sawyer, Essex County; Second District, J. W. Moore, Albany County; Thomas Wilson, Columbia County; Third District, Ely Van De Warker, Onondaga County; Frederick Hyde, Cortland County; Fourth District, M. W. Townsend, Genesee County; E. M. Moore, Monroe County; Fifth District, E. R. Squibb, Kings County; A. Flint, Jr., New York County. At Large, J. W. S. Gonley, New York County. The next meeting of the association will be held in New York city on the third Tuesday in November. This is the New State Medical Society: old coders.

The Shroud.—The undertakers have their trade journal. It is called *The Shroud*, is in its third year, and appears prosperous. The end which it serves apparently justifies the means.

Dr. Charles M. Ford, a prominent physician of Washington, died February 15th, at his residence on Capitol Hill. Dr. Ford was about 43 years of age, and was a native of New York. He studied his profession in Philadelphia, and, after being graduated, entered the Union Army as a surgeon attached to a New York regiment.

John G. Saxe, the humorous poet, is growing gradually weaker, at his home in Third place, Brooklyn. He suffers from cerebro-spinal meningitis, complicated with partial paralysis, induced by being buried under a railroad train in an accident on the Pan-Handle road years ago.

The National Board of Health. The Report for the Year 1882-1883. —The report of the National Board of Health for the year ending June 30, 1883, shows that of the $50,000 appropriated by Congress for aid to State and local boards of health the sum of $49,947.95 was spent in inspecting immigrants, to control the spread of small-pox, and in maintaining the Mississippi River Inspection Service.

It is said that the Emperor of Brazil has given Prof. Lacerda $20,000 for his discovery of permanganate of potassium, hypodermically injected, as an antidote for the bite of the cobra.

The Lynchburg *Virginian* reports that four-fifths of the deaths in the Virginia State prison occur among those convicts who are returned to confinement after having been employed in open-air work on railroads.

Cremation is reported to have been made compulsory in Lisbon in times of epidemics, and every five years all bodies that have been buried are to be incinerated.

At their last meeting, the Aqueduct Commissioners decided to construct the new aqueduct of the size of fourteen feet internal diameter, and that its northern terminus should be at the present Croton dam. The construction of the Quaker Bridge dam, which is designed to form a reservoir capable of holding 32,000,000,000 gallons of water, has not yet been definitely determined upon.

Bequeathed to Harvard College.—Boston, Jan. 16.—By the will of the late Dr. Calvin Ellis, the estate is left in trust for the benefit of his sister, and upon her decease $50,000 goes to Harvard College.

Edward Bain, of Alexandria, Ky., in a fit of jealousy, shot himself twice through the heart with a 22-calibre pistol, and still had strength enough left to blow his brains out.

The Louisiana State Board of Health.—One of the members of the Board, Dr. Formento, has been nominated a corresponding member of the Société d'Hygiene Publique, of Bordeaux.

The palace of the ex-Empress Eugénie at Marseilles, which she was obliged to give back to the city, has been turned into a medical school for the training of army medical officers and others.

Abdominal Surgery.—In the second number of the *Bristol Medico-Chirurgical Journal*, Mr. Nelson Dobson suggests the propriety of opening the abdomen in cases of perforating ulcer of the stomach.

THE new N. Y. County Medical Society (old code) has had another successful meeting. Its membership is rapidly increasing.

THE new medical law in Virginia requires graduates of every medical school to be examined by a State Board for license. More in next issue.

EDITORIALS.

THE AMERICAN ACADEMY OF MEDICINE.—Now that Dr. F. D. Lenté, the originator and chief fosterer of this institution, is dead, and can no longer suffer from harsh criticism in regard to it, there can be no better opportunity than the present to say a few words on this subject.

The foundation upon which this organization rests is, that "no one can be a regular member of it, unless he has received a regular academic degree, based on a full course of collegiate study prior to commencing the study of medicine."

If one had been asked to define some condition for membership in any scientific Body, which would be so absurd as to probably meet with universal contempt and ridicule, he might very likely have selected the condition for membership in the American Academy of Medicine, unless he were deterred from so doing by the fear that he would not receive the smallest support, and would only be rendering himself supremely absurd and everlastingly ridiculous. And yet this is the condition selected for membership in the Body mentioned; more than this, it is the chief condition; and above all, it is that which has received support from men otherwise sensible and judicious.

A very wise philosopher has said that "nothing seems to be so impossible as that which happens;" and in no respect was the acumen of the author of this aphorism more successfully displayed, than it has been in the history of the American Academy of Medicine. This was created; it has been developed, and it still lives. Why, it is absolutely impossible to explain.

According to its basis of organization, the most distinguished men that ever lived in the medical profession could not have been members. Such a proviso would exclude such men as Velpeau, Trousseau, Ricord, Jaccoud, Sir James Syme, Sir James Simpson, Faraday, and very many celebrities abroad. In this country the doors of such a society would be shut in the face of Warren Stone, Gross, Pancoast, Hodgen, S. Weir Mitchell, T. S. Bell, Drake, Joseph Leidy, Gouley, St. John Roosa, Barton, S. G. Wormley, A. Flint, Jr., F. H. Hamilton, W. H. Mussey, and a host of men whom the profession justly honor; men, it is safe to say, who have shed more honor and distinction upon the medical profession than have all of the members of the American Academy of Medicine put together. More than this, if the whole membership of that Body could, by some marvelous piece of machinery, be rolled into one man, he would be inferior to many whom the rules of this academy exclude from membership. Such an institution should have placed upon it the fatal heel of condemnation. It should be crushed out of existence.

Far be the day when this JOURNAL can ever adopt or advocate a leveling policy; that it can say all men are equal in any respect possible, but in their political condition; that education, the highest and the best, is not to be exalted and honored; to be cultivated, protected and developed. But equally far be the day when it shall advocate the policy of excluding from fellowship (even the highest fellowship) those who are worthy of the honor, and who have overcome the obstacles of birth or poverty in attaining to distinguished honors and position among their fellow-men.

The want of education, the early deprivation of it, is an overwhelming, unspeakable misfortune, however heroically such unfortunates should redeem such disadvantages, and fight like heroes their way to the front. Shall they be shut out from even the highest seats in the scientific synagogues? A thousand times no! On the contrary, open wide the doors and the arms of fellowship to receive such men; to welcome them with the heartiest welcome, with the heartiest and highest honors, and to give them all of the rewards which science has at its command.

If there are any physicians that should most sympathize with those of their brethren who have been deprived of collegiate advantages, and be most glad to aid them in their difficulties and struggles, it is those who have enjoyed the great blessing of early and thorough educational training. But here is an organized Body of respectable college graduates who advocate exactly the opposite principles; who stand at these doors, and instead of opening them hospitably to all worthy comers, slam their doors in the faces of many heroes who approach; not saying that "you cannot come in hither *until* you have won your academic degree" (this would be barbarous enough, and silly enough), but "you cannot come in hither *because* you did not have an academic degree before you commenced the study of medicine." What language is sufficient for denouncing those guilty of such an outrage and of such unspeakable folly?

It is true that this Body can elect as honorary members those who cannot be admitted as regular members; that it can put in the *higher* membership those unfit or unqualified for the *lower* membership (an unequaled piece of stupidity), but this is all a mere evasion of their own laws, a moral cowardice, shrinking from the logical deductions of its own deliberate legislation.

But apart from all of such nonsense and folly as has been herein described, what has the possession of a collegiate degree to do with fitness for membership in any medical organization? Of course a collegiate training is a great blessing, a great advantage in the race of life; indeed, its advantages cannot be overestimated or described; but this is only the case when the representatives of this great advantage and blessing pursue subsequently a course or life of study. The great majority do not do so. They do not even appreciate the blessings they have had showered upon them, and unless such graduates continue to study, what becomes of their collegiate drill? In point of fact, a collegiate course vastly facilitates the acquisition of a medical education, but it is folly indeed to claim that it is essential to such an acquisition, or that those who acquire a medical education, after enjoying collegiate advantages, attain, as a rule, or can attain, or must attain, for such a reason, a higher professional

status than those who without the academic degree become graduates in medicine. But even if the contrary were the case, even if it *were* true, that the academic degree is essential to the attainment of a certain professional status, one, while understanding how the Fellows of the American Academy of Medicine might say, "you cannot have membership here *until* you have the academic degree," could never appreciate the stupendous folly which exclaims to applicants, however distinguished, "you cannot become members here *because* you did not have the academic degree *before you commenced the study of medicine!*" Such an institution is unworthy of respect, or even of existence, and the sooner it has placed upon it the crushing heel of destruction the better will it be for the credit of the American medical profession.

"JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION."—About a year ago it was declared that the trustees of the *Journal of the American Medical Association* had determined to establish a medical journal, and had also made a selection of an editor. The matter was carefully presented editorially in this JOURNAL, and it was claimed, with due respect for the editor selected, that the trustees had made a double error; first, in selecting one of their own committee for the position (an absolute enormity in legislation); and second, in selecting one who was unable to discharge the duties demanded of him.

No notice was, practically, ever taken of that editorial, except that quotations were made from it by a few independent journals, and that many wrote to the author of it very pleasant letters.

The Association met. Hordes of medical editors, who either never had any opinions on the subject, or were afraid to express them, congregated at Cleveland, at the meeting; and, finding that an editor had been determined upon, became, all at once, clamorously eulogistic and anxious for his election. The Association had said, "at midday, it was night," and they, like Fadladeen, declared that "they saw the moon and stars." In other words, finding that the election was to be made, and that the journal might become a power in medical literature, they who had been absolutely silent for months past, and who seemed, at least, to be afraid of expressing any opinions, now suddenly found that they had the most definite convictions, and together declared that the editor selected was the editor indeed, and that beyond him there was no other, etc. The absurdity and inconsistency of this course must have been felt as fully as it was observed, but criticism was charitable, and the folly enacted was allowed by all to pass unscathed.

The experiment has been fairly made; more than a half year has passed since the *Journal of the Association* made its appearance. What is now thought of it? What does that portion of the medical press which has the courage of independent criticism say as to its meeting the demands made and the expectations formed in regard to it? The journals criticise books, monographs, proceedings, reports, etc., what have they to say to the *Journal of the Association?* It is not private property; it belongs to the medical profession; it is put forth as the ideal journal of the American medical profession. Is it a credit to this Body or a discredit to it?

Such a journal is particularly the just subject and object of impersonal and

fair criticism, on the part of the press and of medical societies and of physicians. In a few months the Association will meet again. If its journal is a fair exponent of the erudition and force of the American medical profession, let it by all means be continued, and even as it is; but if it is not, it is public professional property and should, in the interests of the profession and for the profession's credit, either be abandoned, or be put forth in such a manner as to command respect.

Each medical journal can speak for itself. This JOURNAL has only to reiterate what was before said, that, with all due respect for the editor of the *Journal of the Association*, and with all kindness of feeling towards him, the *Journal of the Association* is a real injury to the profession of this country. It does not, cannot, command respect. It is the inferior of almost every medical weekly published. It should be brought up to at least an average or fair standard, or be abolished.

A CURE FOR DEAFNESS.—A remedy for deafness has been discovered by an aged resident of Newport. Mr. Edward Smith, of that place, has been deaf for many years, the infirmity being the result of extreme old age. Of course, the doctors were unable to restore the hearing of an octogenarian, and Mr. Smith expected to end his days in deafness. It so happens that Mr. Smith has a son, and that this son has a shop, of some unspecified nature, in Newport. The other day Mr. Smith visited his son's shop, and fell down the front steps, whether by accident or design is not yet known. The result of the fall was that Mr. Smith struck the frozen ground with his head and immediately recovered his hearing. The son is about to apply for a patent covering his new front-steps specific for deafness, and expects to make a rapid fortune by curing his deaf fellow-men.

There is a very important question in connection with the cure of Mr. Smith's deafness. Was he cured simply by falling down and striking his head, or was the fact that his fall took place in connection with his son's front steps the immediate cause of his cure? In other words, does the essence of the new remedy for deafness lie in young Mr. Smith's front steps, or in the operation of falling and knocking one's head? It is safe to say that in order to cure deafness by a fall, the patient must fall down the front steps of young Mr. Smith's shop. Falling down other steps will not benefit him, for of the many hundreds of deaf men who have fallen down all sorts of steps, Mr. Smith is the only one who has been cured.

Deaf persons who desire to be cured must, then, go to Newport, and fall down the front steps of Mr. Smith's shop. This will, of course, render it necessary for Mr. Smith to erect a hotel where his patients can remain while under treatment. Many of them may have to use the remedy for deafness more than once, and all of them, as a rule, will require careful nursing in consequence of the shock to the system which the front-steps cure will involve. Thus young Mr. Smith will soon be at the head of a large and profitable front-steps cure institution, and he will make money as rapidly as those ingenious persons who, by taking boarders whom they induce to live chiefly on cold water, not only

achieve fame as "hydropathic" physicians, but reap enormous profits on their table.

Mr. Smith, as the sole possessor of the only front steps that will cure deafness, will of course have a monopoly of his remedy, and it is to be hoped that, with a view of increasing his business, he will not adulterate his front steps by enlarging them with new material. The scientific explanation of the way in which Mr. Smith's steps cure deafness is based upon the theory that, owing to the atmospheric conditions of the exact locality where the steps are situated, *the bacteria that produce deafness* are in such an exceptionally delicate condition that a fall, such as that which the elder Mr. Smith tried, instantly kills them. If either of the two conditions—the peculiar state of the atmosphere or the precise height and slope of the Smith steps—were wanting, it would probably do a deaf person no sort of good to fall down the steps in question. On the contrary, it *might irritate the bacteria of deafness* and lead them to an increased activity. It is obvious from these considerations that it will be quite impossible for Mr. Smith to put up in bottles his front steps. The front-steps remedy must be used *in situ* (a medical term meaning "in the front yard"), and there is no danger that any designing druggist will try to counterfeit and sell it.

Many prominent physicians, seeking to obtain practice or to increase it, will most likely give the inevitable testimonials as to the "Smith Steps Cure," and claim, as is usual, that they have used it in a large number of cases. In this way Mr. Smith may not only advertise his step cure but all who give him their testimonials.—*Times.*

The Busy Practitioner and Long-Winded Articles.—The most widespread and, at the same time, the most transparent adulation is that offered, by so many of the smaller journals, to the profession, in connection with the subject of "the busy practitioner" and "long-winded articles." Journals of size, like the *London Lancet*, the *British Medical Journal*, the *New York Medical Journal*, the *New York Medical Record*, etc., never have a word to say on these subjects, which in other pages are topics so favorite, so prominent, and so familiar. One finds in the pages of the journals just mentioned the choicest articles of classic authors, the subjects being carefully elaborated and presented in detail. Indeed, such writers would not accept space under any other conditions, knowing that it is utterly impossible for even the most erudite physician to present intelligibly and instructively any medical subject, unless this is done carefully and in detail. It is only the men that can say very little on any subject in medicine who have the effrontery to try and present any subject in a few paragraphs.

As to "the busy practitioner not having time for reading long-winded articles," such a statement is a piece of manifest "buncombe" and silly flattery, offered to the foolish among the profession by such journals as have not the space in which to offer carefully elaborated papers. There is no physician who is too busy to read good papers. Indeed, if he is very "busy," he is so because he has been a careful student of such literature. What he knows he knows well, and if he reads an article, he wishes to study the subject of it. It is such careful study of the masters that makes the practitioner "busy."

Of course there are a few medical demagogues in every community who resort

to vile arts, to tricks and devices, to flattery, to covert advertising, etc., but they are not included, or worthy of being included, in any criticism. It is only to the true men of the profession that reference is here made; and these men, if "busy," are busy not because of having read miscellaneous paragraphs and foolish formulas, cut from medical briefs and almanacs, but because of their close study of the best papers of the best men.

The reader who turns from the paper of a writer because it is "long" is on the high and brief road to idleness, worthlessness and ruin. He has mistaken his vocation, and the sooner he gives it up, the better it will be, not only for himself but for his patients—and, above all, for his brethren. He is already a drone in the hive.

Velpeau did perhaps the heaviest work of his day in hospital, in college, in clientelle, and yet in his life he wrote eighty works. Trousseau, not less faithful in active work of all kinds, was also a prolific writer. So of Sir James Simpson, Sir Henry Thompson, Sir Spencer Wells; so of Mathews Duncan, Clarke, Williams, Roberts; so of Gross, Eve, Flint, Hammond, Thomas, Barker, Emmet, Sayre, Gouley, and a long list even in this country. They have been "busy," but they have read and written unceasingly; and such work it is that has made them "busy."

When one reads, as he does every day in the smaller journals, the statement made to the average practitioner throughout the United States, the doctors of eight or ten patients daily, and many of even less, that they are too "busy" to read long articles, but must read the little paragraphs (in such periodicals) as to what is "good" for something, what is he to do but smile? But if he has the misfortune to be an editor, there is one other thing he can do, must do—it is to expose the silly fraud herein mentioned, and to help men to see the truth.

The Toledo (Ohio) Medical College.—The *Columbus Medical Journal* demonstrates very conclusively that this College is an absolute fraud. Its financial basis is said to be, by its medical faculty, "as firm as any other of the medical colleges in this country." This declaration is made to meet the requirements of the Ohio law, which demands that a college must have bona-fide property. The Toledo College is declared to financially rest upon nothing but the personal notes of its faculty. It yet claims to be as sound financially as Harvard or the University of Pennsylvania!!

In regard to its didactic equipment and efficiency, the faculty declares as follows: "There is no abler talent on this continent or in Europe than can be found in the Faculty, *each* member of which is a ripe scholar, a close student, and *dilligent* worker in his special department, and no pains will be spared to make *their* teaching practical and instructive."

If anything can be more disgusting it is not yet on record. The writer of that foolish declaration cannot even spell correctly, and his syntax is as bad as his orthography. Hospital instruction is particularly promised; but it is said that there are only two hospitals in Toledo. One is under the control of the homœopaths and is not open to the Toledo College students, while the other hospital is controlled by a rival school.

"The requirements for admission," so very satisfactory, as presented in the catalogue, seem to be fraudulent in character. One of the faculty writes to a student that "there is not much doubt that you will be able to pass the examination before entering. The *requirements* for admission *was* indended for patent doctors, midwives, and the like, who can not add up a column of figures or hardly write their own name."

If this college is not a fraud, what is it? In the letter to the student, the writer (one of the faculty) concludes as follows: "Tell ——— of your class that I had ——— out to a case of confinement last week. I only staid with him about an hour and left him alone. He *stuck and hung* for twelve hours and *come* out all right, and the next morning the woman told him he was the best doctor she ever saw."

It is to be hoped that the profession will remember these facts, though it must be admitted that, in these days, the whole system of "preceptors" for office students rests on a fraudulent basis, and that very many medical students go to those colleges which require least for a diploma, and promise most as to giving one!! *Honest preceptors make honest colleges.*

The New York Polyclinic.—The February (1884) announcement of this very excellent and successful institution has been received. It contains some facts which are highly creditable to the faculty, and to "the management," which is very materially represented by Dr. John A. Wyeth, who, holding a professorship in the school, is also Dean of the Institution.

The faculty is made up of many of the most accomplished practitioners and successful teachers in this city. Among the number, the editor of this Journal is pleased to recognize the name of an old friend and accomplished specialist, formerly of Louisville, Ky., Dr. Richard C. Brandeis.

The following facts are highly creditable, and give promise of even a more brilliant success: From November, 1882, to October, 1883, there were 161 practitioners in attendance—161 in ten months; but in the past four months there have been 107 in attendance: a most conspicuous and significant increase.

The building is on East 34th street, 214 and 216, and is five stories in height. This valuable and expensive property has just been purchased by the faculty. It is to be remodeled throughout, and fitted with comfortable amphitheatres for chemical work, well furnished laboratories for chemical, histological and pathological studies, and rooms for operative surgery and demonstrations in surgical anatomy.

There are no didactic lectures given; the lectures are strictly clinical in character, and practitioners only are received, so that the lectures are necessarily practical and of a high grade.

The faculty holds seventy appointments in the chief hospitals of this city, and the clinical facilities there enjoyed are placed within reach of the Polyclinic's classes.

It is rare, indeed, that any School has so quickly attained such success, and the fact shows that the Polyclinic fully and satisfactorily meets a great want among practitioners.

THE MANY MEDICAL JOURNALS OWNED BY THE PROFESSION.—A few years ago, most of the medical journals in this country were owned by the publishers, or by the editors, or by both. Now, if one is to believe the advertisements and prospectuses of medical journals, a large number of these publications are "owned by the profession." One advertisement informs the public that "this journal is ours only as to the risk and labor of conducting it, in all other respects the profession will feel that it is theirs;" another advertisement declares that "our medical brethren are to regard this journal as their own, as such to take it, and to write for it;" another says, "this journal belongs to the profession," and so on, through very many such advertisements.

One is absolutely startled at first at the widespread ruin which has so suddenly and ruthlessly deprived so many editors and publishers of their property, until he reads, further on, the ominous word "*terms*," declaring the price, on the payment of which any member of the profession becomes owner of one copy of a journal! This price is usually $2.00 or $3.00. Journals charging $5.00 do not "belong to the profession," but to their publishers, though the pages of these journals are open to all respectable writers.

It is related of the renowned Mr. Prentiss, of the old *Louisville Journal*, that he was once stopped in the streets of Louisville by a very irate gentleman, who thus accosted him: "Sir, I wish you to stop my journal." "Your journal?" said Mr. Prentiss, "why, I was not really aware that you had a journal. How long is it since you have had one?" "I mean," replied the now confused speaker, "that you must stop my subscription." "Oh!" said Mr. Prentiss, full of fun, as usual, and at the same time very clear in his diction, "you mean that I am no longer to send you one copy of my journal. Certainly not, if all arrearages are paid up."

Mr. Prentiss did not think, or wish others to think, that the public owned his journal. The same view is held by most publishers of medical journals who do not resort to "buncombe" for subscriptions.

ADVERTISEMENTS AND TEXT PAGES.—There are quite a number of subscribers who complain, in regard to American medical journals, that they carry too many advertisements in proportion to the number of text pages. Such complaints, it is true (like most other complaints), come from those who do not pay their subscriptions, and who, if others were like them, would bankrupt any journal; but there are some good men who do thus complain.

They seem to forget that a medical journal is valuable almost in proportion to the number of advertisements it carries, for it is this revenue that enables a journal to contract expenses for improvements which would otherwise be actually impossible.

Apart from this manifest fact, however, if advertisements come from good Houses, they convey to its subscriber, very often, information which in value far exceeds the cost of a medical journal for many years. Indeed, it is not unsafe to say that, if a subscriber examines regularly the advertisements in good journals, he will receive thereby such pecuniary profit that his subscription will really cost him nothing.

There are, however, men so constituted that they must grumble, and this subject of their receiving very many advertisements (which cost them nothing, and detract not one page from the text contents) is a favorite topic. Such "soreheads" ought to subscribe for English medical journals, and then they would learn more of this subject and grumble less over their own periodicals. One of the January numbers of the *British Medical Times and Gazette* contained 32 pages of text, and 88 pages of advertisements, $2\frac{3}{4}$ pages of advertisements for every page of text. In this JOURNAL there are 120 pages of text and 24 pages of advertisements, or $\frac{1}{5}$th of a page of advertisements to every page of text. Facts are as necessary for a grumbler as they are for a logician, that is, if a grumbler can be cured!

THE "MEDICAL AGE" AND THE MEDICAL JACK HORNERS.—The *Medical Age* of February 11 has the following article: "GAILLARD'S MEDICAL JOURNAL dubs those editors who complain of the copying of their *extracts* from other periodicals, without credit, medical Jack Horners. It was 'little Jack Horner who sat in a corner eating a Christmas pie; he stuck in his thumb and pulled out a plum, and said what a smart boy am I!' It isn't a very smart thing to simply scissor out a plum from a medical article, but when an editor goes through a long article with a fine tooth-comb and succeeds in collecting its pith, he does legitimate editorial work and should be given his due of credit."

Is it possible that the editors of the *Age* do not know the difference between "an extract" and "an abstract?" It is evident that they do not, or they could not have issued such a paragraph. The proprietors of the *Age* ought to give them each an English dictionary. The book is cheap, and the editors need one very badly.

GAILLARD'S JOURNAL said nothing about "abstracts," which are prepared with labor and study, and ought, of course, to be credited, but did make the allusion quoted in regard to "extracts." Even the editors of the *Age* admit that "it isn't very smart to scissor out a plum from a medical article" (an extract); while they claim that when "an editor goes through a long article with a fine tooth-comb, and succeeds in collecting its pith" (an abstract, though very curiously described), he ought to receive "his due credit."

There is really no difference of opinion between GAILLARD'S MEDICAL JOURNAL and the *Medical Age* as to the occasions for giving credit, and if the *Age* had only known the difference between "an extract" and "an abstract," it would not have had anything to say upon the subject.

AN INFAMOUS LIBEL ON ST. LOUIS PHYSICIANS.—The following infamous falsehood is being generally published by the newspapers. One would suppose that even an idiot in a newspaper editorial office would know better, but in many of these offices there are those at work who have even less sense. St. Louis physicians do not object to a good income, and know how to make one, but this is always done with honor and credit. If one of them could stoop to such an infamy, as is herein described, he would be burned in effigy and drummed out of the city. Here is the libel: "Another ingenious device to gain an easy livelihood came very near costing two St. Louis men their lives recently. Early in

December one of them conceived the idea that he and his companion could be manufactured into Siamese twins by a simple surgical operation, and they employed surgeons to perform it. A piece of skin about four inches wide by three deep was cut and raised from one arm of each, exposing the flesh beneath. Then the two arms were brought together, the pieces of skin lapped one over the other, and the arms bandaged firmly and tightly together. The men were told it would take between twenty or thirty days for the two arms to grow firmly together, and during that time they must remain quiet in their rooms and eat, drink and sleep together. Their meals were brought to them, and they ate quite heartily until about the fifth day, when the healing process began, and then they lost their appetites. The pain at this time became very severe, and for two or three days both men were compelled to take to bed, because one or the other was too sick to sit up. Finally, fever seized both of them, and the doctors were compelled to cut them apart in order to save their lives."

Uninflammable Dress Materials.—At this season of the year there are sad fatalities arising from the accidental ignition of the highly-inflammable materials which usually compose the dresses of females. Although many practical suggestions have been made from time to time with the view of popularising uninflammable dress materials, the use of such incombustible articles of apparel does not appear to have found favor with the fair sex. Tungstate of soda has been the material most frequently employed to render light fabrics uninflammable ; it fulfils the purpose admirably, but its high cost has been an objection to its use. Patera's formulæ have stood successfully frequent trials of their efficacy. One of these preparations is made by dissolving three parts by weight of biborate of soda, and two and a quarter parts of sulphate of magnesia, in twenty parts of water. Fabrics soaked in this solution become coated with a borate of magnesia, which is insoluable in hot or cold water, and is a good resistant of fire. The other preparation is a mixture of sulphate of ammonia with sulphate of lime, or gypsum, in proportions of one part of sulphate of ammonia with two parts of gypsum. The gypsum is said to form with the ammonia a double sulphate which has not the disagreeable properties of the ammonia-salt. The action of this preparation seems to be twofold—first, in coating the fibres of the material to be protected, and also in the production, when the material is brought to a red heat, of volatile ammonia, which tends to smother flame.

Mesmerism as an Anæsthetic.—At the regular monthly meeting of the New York Anthropological Society, February 6, at No. 25 East Thirty-fifth street, Dr. Buckley made an extended report concerning the true meaning of psychical research. He said that he had found mesmerism, electro-biology, hypnotism, etherology, and similar words to be merely convertible terms, although it was attempted to distinguish them from one another. He did not believe that the mesmeric influences had anything to do with the exertion of the will power. He had known people to go into a complete trance when alone, and evidence pointed to the conclusion that when three conditions were fulfilled in the subject, trance

would ensue—the conditions being confidence, expectancy, and subjugation of will. Dr. Carmichael spoke concerning the brain and nervous system, and tried to show that the phenomena of mesmerism were similar in all particulars to other phenomena exhibited by the nervous system. Dr. Jarvis spoke of a young woman whom he had hypnotized while he performed a difficult and painful operation, and he advocated the use of mesmerism as an anæsthetic. Dr. Roswell Smith was elected a vice-president of the society. A young man with a pimple on the end of his nose was then hypnotized, and convinced the society, by lying down on the floor and declaring that his name was John Smith, that he was under the mesmeric influence.

"International Review of Medical and Surgical Technics: Official Organ of the American Association of the Red Cross."—The first number of this journal has been received. The conception is good, and the execution better. The first number is prepared with great judgment and skill, and is liberally illustrated.

The editors pander to that familiar fallacy and folly of "the busy practitioner, having neither the time nor the opportunity to read:" a piece of adulation very appropriately coming from "paragraph journals," but appearing very inopportunely from men of sense. It is the "busy" men who read, and it was much reading that made them "busy."

One reads, too, with a little amusement and surprise, of Boston editors promising to be well "posted:" a piece of slang bad enough from any source, but coming from Boston, the very seedbed of philology, it is a shock indeed. Are not all Boston editors always "posted?" Such was the prevalent assumption! Why then the *promise to be "posted?"* Well, this Journal hopes these editors will have the greatest success, and offers them the familiar wish: "May you live long and prosper."

S. S. S.—This is one of the last abominations among the quack medicine series put upon the market. It is Swift's Specific for Syphilis. The compounders offer $1,000 to any one who can show that it contains either mercury or iodide of potassium!!!

This would be, to any medical man of ordinary sense, sufficient evidence of its worthlessness, and of the fact that it is intended to successfully appeal only to the instincts of the most stupid and illiterate among the masses. And yet there are "fellows of the baser sort" among medical men who are giving the inevitable "testimonials" that they have "used" it, etc., and that so long as a bottle of S. S. may be had, one need not be unhappy over any of the ills to which flesh is heir. With them, there is no poetic vision in the claim, that "there is a land of pure delight," etc., but an actual truth, and that that land is the State of Georgia, in which S. S. is compounded.

It is to be hoped that the filthy circulars in regard to S. S. will be even more widely disseminated, that respectable physicians may see who are the debased members of the medical profession that can sink so low, as to give their names for the propogation of such dirty and trashy compounds.

PUTTING AN END TO THE BUILDING OF HIGH HOUSES.—It is a real pleasure to read, that in the New York Legislature, Mr. Howe has introduced a bill regulating the height of dwellings to be hereafter erected in this city.

In streets not exceeding sixty feet in height, fifty feet is to be the maximum altitude allowed, and in streets exceeding sixty feet in height, eighty feet is to be the maximum height permitted.

It is to be hoped that this will forever put an end to the absurd tower buildings that have in recent years been erected—structures that deprive the other buildings on such streets of sunlight and sun warmth, making them dark, cold, unhealthy and gloomy.

These tall houses are, in a hygienic point of view, a danger and a curse to any community, and in an artistic point of view they are ugly and hideous.

How could the Board of Health have been so inert in regard to them?

STUPIDITY AND BRUTALITY—"DIED IN A DENTIST'S CHAIR.—SCRANTON, Penn., February 7.—Mrs. James Stevenson, accompanied by her family physician, Dr. A. Strong, called to-day at the office of W. H. Heist, dentist, to have some teeth extracted. Mrs. Stevenson, who was 40 years old, was placed in the dentist's chair, and Dr. Strong administered an anæsthetic composed of equal quantities of chloroform and ether. After the first dose two teeth were pulled, then a second dose was administered and nine teeth were extracted, after which a third dose was given and five more teeth were taken out. As soon as the last tooth was pulled Mrs. Stevenson's head drooped and she died. The startled physician and dentist for the first time realized the grim effect of their work."

The physician and dentist who could be guilty of such stupidity and brutality, as to administer chloroform to one in the sitting posture, and then performing such operations, deserve no mercy. They should be severely punished.

CREMATION PROGRESS IN FRANCE.—While cremationists are mobbed in Wales, and the zeal of the advocates of burning in England has grown so cold that they have no longer the inclination to say a word on behalf of incineration, M. Koechlin-Schwartz, the enthusiastic champion of cremation in France, has at last gained a victory over his numerous opponents. At the last meeting of the Society for the Propagation of Cremation, of which he is president, he stated, after receiving the report of Dr. Brouardel, that the Prefect of Police will authorize all the human débris from the hospitals to be burned in a crematory, which is to be erected in a Paris cemetery. From the cremation of the débris—that is to say, the arms, legs, and *disjecta membra* of hospital patients—to the incineration of a complete corpse, there is only a step. Perhaps Sir Henry Thompson and his allies will pluck up a little courage, and attempt to secure a similar concession.

OLIVER WENDELL HOLMES ON CONGRESSIONAL FUNERAL COMMITTEES.—Some of us have encountered Congressional committees attending the remains of distinguished functionaries to their distant place of burial. They generally bore up well under their bereavement. One might have expected to find them gathered in silent groups in the parlors of the Continental Hotel or the Brevoort

House, to meet the grief-stricken members of the party, smileless and sobbing, as they sadly paced the corridors of Parker's before they set off in a mournful and weeping procession. It was not so. Candor would have to confess that it was far otherwise; Charity would suggest that Curiosity should withdraw her eye from the key-hole; Humanity would try to excuse what she could not help witnessing, and a tear would fall from the blind eye of Oblivion and blot out their hotel bills forever.

THE PAY PRINCIPLE AT GUY'S HOSPITAL.—The authorities of Guy's Hospital, London, England, are making rapid progress in changing the principles upon which it was founded and endowed. Not content with setting apart a number of beds for paying patients, as they recently did, they have now determined to exact a payment of threepence a week, or sixpence a fortnight, from all out-patients receiving medicines or bandages. Exceptions will only be made in cases of extreme emergency or poverty, and these must be certified to by the Charity Organization Society. This is a move in the right direction, and will gradually put an end to dishonest application for charity medical relief. If continued, it will force all not entitled to such relief into the offices of private practitioners.

DR. H. H. KANE (160 Fulton street, N. Y.) is again sowing broadcast his circulars, testimonials, etc., in regard to his remedies for the opium, chloral and morphine habit, and alcoholism. He offers all that he has for sale now at half the price recently charged; and, if this be too much, he offers his services and his wares at even less. This misguided man has been so justly and severely punished, that even in his continued and degraded charlatanism one cannot deal him more blows. "He is a dead cock in the pit," and it is now only necessary to have "the remains" quietly removed.

POISONED BY POSTAL NOTES.—Several of the clerks employed in the Sixth Auditor's Office, Post Office Department, where a great many of the postal notes are handled, have been poisoned by constant contact with them. Arsenic is said to be one of the ingredients used in the coloring of the notes, and it is supposed that this is the cause. Superintendent Merrill, at the City Post Office, said that nothing of the kind had occurred in his department. The editor of this JOURNAL is not afraid of these postal notes, and will undertake to handle all that may be sent.

THE New Code stands by a vote, in the Medical Society of the State of New York, of 124 to 105; the vote in 1883 was 105 to 99.

There is but one course left for those physicians who are unwilling to be cut off from official fellowship with their medical brethren throughout the United States. It is to foster their own State Medical Society just formed, and to send delegates to the American Medical Association; these delegates would, it is needless to say, be welcomed with open arms.

TUBERCULOSIS.—According to the observations of the most prominent clinicians

(Formad) who have paid special attention to this matter there is not a single authenticated case of tuberculosis as a result of contagion on record. Among scores of experienced men who deny thus the contagiousness of tuberculosis it is sufficient to mention the names of Virchow, V. Recklinghausen, Stricker, in Germany; Gull, Williams, Watson, Paget, Humphrey, Richardson, in England; Bennett, in France, etc. The Wisconsin State Society says otherwise!!

ERRATA.—In Dr. Nunn's valuable article, on "Per-oxide of Hydrogen," in the January number, a few typographical errors occurred: On page 9, for "external trial," read "extended trial." Page 20, for the "unskilled deceiver, by the similarity of sound," read "the unskilled deceived by the similarity of sound." Page 21, for "presenting the development of the sequel of diphtheria," read "preventing the development of the sequelæ of diphtheria." On page 23, for "new centres," read "nerve centres."

"ANNALS OF ANATOMY AND SURGERY."—The following announcement is made: "On account of the departure of the senior editor, Dr. Pilcher, for Europe, in January, and the expected departure of his colleague, Dr. Fowler, for a similar trip abroad later in the season, the publication of the *Annals of Anatomy and Surgery* is necessarily suspended during their absence. If circumstances shall seem to warrant the resumption of the journal with the beginning of another year, due notice will be given."

AN EPITAPH—USE AND ORNAMENT.—When Sir John Carr was in Glasgow, he was asked by the magistrates to give his advice concerning the inscription to be placed on the Nelson monument, then just completed. Sir John recommended this brief record: "Glasgow to Nelson." "Juist so," said one of the baillies; "and as the town of Nelson's close at hand, might we no juist say: "Glasgow to Nelson sax miles,' an' so it might serve for a monument, an' a milestone too?"—*Ex.*

THE DRY MOUTH OF THE LITHOTOMIST.—At a recent clinic, Prof. Brinton said that an attendant of lithotomy is dryness of the surgeon's mouth, similar to that produced by belladonna; and Prof. S. D. Gross remarked: "It is peculiar to the operation for stone; I have often felt it." A thesis showing the relation of a stone in one man's bladder to the salivary glands in another man's mouth would probably take the Lea prize.—*Col. and Clinical Record.*

DR. CHARLES W. DULLES recently showed, at the Pathological Society of Philadelphia, the heart of a young man, aged eighteen, which, when it had been opened and well washed and freed from all adherent parts, weighed forty ounces. The pericardium was universally adherent. All the valves were healthy, and the tricuspid and aortic valves were competent. The mitral orifice measured two inches and a half in diameter.

DR. EDWARD WARREN (Bey) formerly of North Carolina, and now residing in Paris, France, is at present on a visit to this country. He was very handsomely

entertained at Washington, D. C., February 13th, by Dr. J. M. Toner. Dr. Warren received the Egyptian title of Bey for his services to a former Khedive of Egypt.

Dr. Calvin Ellis, it appears, died of perforating ulcer of the duodenum. Now that abdominal surgery is so safe, and gives such brilliant results, could not this life have been saved? The diagnosis had been carefully made, and the patient's condition was certainly good enough to have warranted the necessary operation. In these days one ought not to die of ulcer of the duodenum.

Change in Typography.—The subscribers will appreciate and absolutely enjoy the change made in this number in the typography of the Journal. In all articles more than a few paragraphs in length, the space between the lines has been increased; this renders the "reading" much more easy, and much less fatiguing—"*sat cito, si sat bene.*"

American Divorce Laws.—A man who has been married, divorced and remarried, will, in traveling from Maine to Florida, find himself sometimes a bachelor, sometimes married to his first wife, sometimes married to his second wife, sometimes a divorced man, and sometimes a bigamist, according to the statutes of the State through which he is traveling.

A Medical Mayor and a Sensible Mayor.—The Democrats of Binghampton have nominated Dr. George A. Thayer for Mayor, and he has said, in accepting, that one great purpose of his administration, if elected, will be the rout of the Salvation Army.

An opportunity to complete broken sets of this Journal will be learned by examining the letter from Louisville, Ky., in the present number of this Journal.

Dr. Sims.—The physicians and citizens of Dallas, Texas, are taking great interest in raising a fund for the Sims monument. The Dallas *Herald* recently contained an eloquent appeal on this subject from Dr. H. K. Leake.

The Sims' Memorial Fund.—So far a little more than $2,000 have been subscribed to this fund, and of this sum $800 were given by eight physicians, making a little more than $1,200 given by the profession.

State Medical Examining Board.—The efforts to establish a State Medical Examining Board for this State have failed. The Legislature has appointed a committee to prepare one and report it next year.

The *Medical Record* reports over one thousand dollars contributed to the Sims Memorial Fund.

Messrs. Bermingham & Co., the publishers, are to resume operations. Bravo.